

1 BARBARA KNOX, M.D.  
2 UNITED STATES DISTRICT COURT  
3 WESTERN DISTRICT OF WISCONSIN

4 TAMARA M. LOERTSCHER, )  
5 )  
6 )  
7 Plaintiff, ) Civil Action  
8 ) Case No. 14-cv-870  
9 vs. )  
10 )  
11 BRAD D. SCHIMEL, et al., )  
12 )  
13 Defendants. )

14 VIDEOTAPED DEPOSITION OF BARBARA KNOX, M.D.  
15 Madison, Wisconsin  
16 Friday, October 14, 2016  
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19  
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21  
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23

24 Reported by: JANET L. ROBBINS, CSR, RPR  
25 JOB NO. 111895

BARBARA KNOX, M.D.

October 14, 2016  
9:05 a.m.

Videotaped deposition of BARBARA KNOX, M.D., at 1 East Main Street, Suite 201, Madison, Wisconsin, pursuant to notice, before JANET L. ROBBINS, Illinois Certified Shorthand Reporter, Registered Professional Reporter.

BARBARA KNOX, M.D.  
A P P E A R A N C E S:  
NEW YORK UNIVERSITY SCHOOL OF LAW  
BY: ALYSON ZUREICK, ESQ.  
245 Sullivan Street  
Furman Hall  
New York, New York 10012  
-and-  
NATIONAL ADVOCATES FOR PREGNANT WOMEN  
BY: NANCY ROSENBLUM, ESQ.  
875 6th Avenue  
New York, New York 10001  
appeared on behalf of the Plaintiff;

-and-

PERKINS COIE  
BY: DAVID HARTH, ESQ.  
1 East Main Street  
Madison, Wisconsin 53703  
STATE OF WISCONSIN  
BY: KARLA KECKHAVER, ESQ.  
17 West Main Street  
Madison, Wisconsin 53707  
appeared on behalf of Defendants  
Brad D. Schimel and Eloise Anderson;  
LEIB KNOTT GAYNOR  
BY: RYAN WIESNER, ESQ.  
DOUGLAS S. KNOTT, ESQ.  
219 North Milwaukee Street  
Milwaukee, Wisconsin 53202  
appeared telephonically on behalf of the  
Taylor County Defendants.

ALSO PRESENT:  
ERIC RUKIN, Legal Videographer

BARBARA KNOX, M.D.  
I N D E X  
WITNESS:  
BARBARA KNOX, M.D.

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E X H I B I T S  
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Exhibit 118 UW Health American Family Children's Hospital Child Abuse, What is Child Abuse? 65 23  
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1 BARBARA KNOX, M.D.  
2 THE VIDEOGRAPHER: Good morning.  
3 This is the start of tape labeled No. 1 of  
4 the videotaped deposition of Dr. Barbara  
5 Knox.

6 This is in the matter of Tamara M.  
7 Loertscher versus Brad D. Schimel, et al.  
8 It's filed in the United States District  
9 Court for the Western District of  
10 Wisconsin, Case No. 14-cv-870.

11 This deposition is being held at  
12 Perkins Coie law firm, at 1 East Main  
13 Street on the second floor, Madison,  
14 Wisconsin, on October 14th, 2016 at  
15 approximately 9:05 a.m.

16 My name is Eric Rukin. I'm from TSG  
17 Reporting, Incorporated. And I'm the legal  
18 video specialist. The court reporter is  
19 Janet Robbins, also in association with TSG  
20 Reporting.

21 Will counsel at this time please  
22 voice identify yourselves for the.

23 MS. ZUREICK: Alyson Zureick and  
24 Nancy Rosenbloom for the plaintiff.

25 MR. HARTH: David -- David Harth,

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1 BARBARA KNOX, M.D.  
2 Perkins, also for the plaintiff.

3 MS. KECKHAVER: Karla Keckhaver,  
4 appearing on behalf of the State  
5 Defendants.

6 MR. WIESNER: And Ryan Wiesner --  
7 no, go ahead.

8 MS. KECKHAVER: No, it's you, Ryan.

9 MR. WIESNER: Ryan Wiesner on behalf  
10 of the County Defendants.

11 THE VIDEOGRAPHER: Will the reporter  
12 swear in the witness, please.

13 (Witness sworn.)

14 BARBARA KNOX, M.D.,  
15 called as a witness herein, having been first  
16 duly sworn, was examined and testified as  
17 follows:

18 EXAMINATION  
19 BY MS. ZUREICK:

20 Q. Okay. Good morning.

21 A. Good morning.

22 Q. Would you please state and spell  
23 your first and last name for the record.

24 A. Yes. Dr. Barbara, B-A-R-B-A-R-A,  
25 Knox, K-N-O-X.

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1 BARBARA KNOX, M.D.

2 Q. Wonderful. Thank you.  
3 And do you understand that your  
4 testimony today is under oath?

5 A. Yes, I do.

6 Q. Okay. And is there anything that  
7 would impair your ability to testify fully and  
8 truthfully today?

9 A. No.

10 Q. Okay. And will you answer my  
11 questions audibly so that the reporter can  
12 transcribe your responses correctly?

13 A. Yes.

14 Q. Thank you.

15 And will you let me finish my  
16 questions before you answer them?

17 A. Yes.

18 Q. Okay. And if you cannot hear a  
19 question, will you tell me so that I can repeat  
20 it?

21 A. Yes.

22 Q. Okay. And will you ask me if you  
23 don't understand a question?

24 A. Yes.

25 Q. If you tell me you don't understand

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1 BARBARA KNOX, M.D.

2 a question, I will try to rephrase it.

3 Does that sound fair?

4 A. Yes.

5 Q. But if you answer, I'll assume that  
6 you did understand my question.

7 Is that clear?

8 A. Yes.

9 Q. Okay. And if you realize that an  
10 earlier answer was incorrect, was not accurate  
11 or was not complete, will you correct or  
12 supplement your answer?

13 A. Yes.

14 Q. Okay. And we will be taking breaks  
15 during this deposition. If you need additional  
16 breaks, please let me know.

17 But if I've asked you a question  
18 first, I would ask that you respond to that  
19 before we take a break.

20 Is that clear?

21 A. Yes.

22 Q. Okay. Thank you.

23 Let's start by talking a little bit  
24 about the current lawsuit, why we're here  
25 today.

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1 BARBARA KNOX, M.D.

2 When did you first hear about this  
3 lawsuit?

4 A. I first heard about the lawsuit when  
5 Ms. Keckhaver had contacted me and requested my  
6 review and -- or my participation and review of  
7 the case.

8 Q. Okay. And when did she contact you?

9 A. That's a good question. I have many  
10 cases that go concurrently, so I would have to  
11 look back in my records to see when the first  
12 phone call or e-mail was.

13 But I do recall that I believe I was  
14 consulted on this case somewhere either late  
15 last year or early this year in 2016. So it's  
16 either early February of 2016 time or, I don't  
17 know, it could have been as late as last year.  
18 I can't recall specifically --

19 Q. Okay.

20 A. -- the time that I was asked to be  
21 involved.

22 Q. So you think it was sometime winter  
23 2015 or winter twenty -- I'm sorry, late fall/  
24 early winter 2015, early winter 2016, is that  
25 correct?

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1 BARBARA KNOX, M.D.

2 A. I believe it was closer to early  
3 winter of 2016, but I couldn't say specifically  
4 unless I viewed my e-mail documentation on it.

5 Q. Okay. Thank you.

6 So is it correct that you did not  
7 speak with anyone about this case before you  
8 were contacted by Ms. Keckhaver?

9 A. No.

10 Q. So you -- you did not speak with  
11 anyone, correct?

12 A. I did not.

13 Q. Okay. Thank you.

14 And could you tell me, what were you  
15 asked to give an opinion on in this case?

16 A. I was asked to give an opinion on  
17 the case specific to the plaintiff, as well as  
18 to offer an opinion in regards to, based upon  
19 that information and the state statute, looking  
20 at what are effects of certain drugs on unborn  
21 children.

22 Q. Okay. And you said that you were  
23 asked to give an opinion on the plaintiff.

24 What specifically about the  
25 plaintiff?

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1 BARBARA KNOX, M.D.

2 A. In regards to the opinion on the  
3 plaintiff, basically looking at the case of the  
4 plaintiff in regards to the totality of the  
5 statute only and how that applies to a child,  
6 an unborn child.

7 So specifically I should clarify  
8 this, because I was never asked to give an  
9 opinion on the mother per se in regards to her  
10 specific information with the county, but, to  
11 clarify, the case in total as it pertains to  
12 the unborn CHIPS law.

13 Q. Okay. So you were -- so were you  
14 asked to give an opinion specifically on  
15 anything regarding Tamara Loertscher?

16 A. I was asked to review her medical  
17 records, and I was asked to review the baby's  
18 medical records --

19 Q. Okay.

20 A. -- the birth records.

21 So I reviewed multiple records  
22 specifically in regards to the plaintiff --

23 Q. Okay.

24 A. -- including, but not limited to,  
25 the eWiSACWIS records. I also reviewed the

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1 BARBARA KNOX, M.D.

2 Aspirus medical records. I also reviewed all  
3 of the Mayo Clinic records. I reviewed labs in  
4 regards to the plaintiff. I also reviewed --  
5 let me go back and think.

6 I reviewed three sets of exhibits,  
7 Exhibit A, B and C.

8 Q. And what were these exhibits?

9 A. Without seeing them specifically in  
10 front of me, I don't want to mix them up, but I  
11 know that Exhibit C dealt with some of her Mayo  
12 Clinic records --

13 Q. Okay.

14 A. -- and the records that were  
15 associated with -- with that hospitalization  
16 and some of the psychiatric components, as well  
17 as -- as well as -- I would have to see  
18 Exhibit B to comment.

19 There was also an exhibit that dealt  
20 with the OB documentation --

21 Q. Okay.

22 A. -- of this visit, as well as -- as  
23 the majority of that hospitalization in its  
24 entirety.

25 There was also another exhibit that

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1 BARBARA KNOX, M.D.  
2 laid out further information. And I -- without  
3 seeing them, I can't clarify which one is  
4 which.  
5 Q. Okay.  
6 A. I also remember receiving a packet  
7 of information that was clearly the Aspirus  
8 medical records.  
9 Q. And what is the -- what are the  
10 Aspirus medical records?  
11 A. She had received some care at  
12 Aspirus --  
13 Q. Okay.  
14 A. -- which is a Central Wisconsin  
15 healthcare facility.  
16 Q. Okay.  
17 A. And I remember reviewing those.  
18 And then there was also the baby's  
19 medical records and, you know, the birth  
20 records that were reviewed.  
21 Q. Okay.  
22 A. And I'm just trying to recall if I'm  
23 missing anything out of any record provided by  
24 her.  
25 The eWiSACWIS records were

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1 BARBARA KNOX, M.D.  
2 definitely within that documentation as well.  
3 Q. Okay. And did you review any jail  
4 records from the time that she was in jail?  
5 A. I don't specifically recall if I  
6 reviewed jail records per se or if I had  
7 information within other records that commented  
8 on some of that. I'm sorry. I can't recall  
9 that.  
10 (Exhibit 116 was marked for  
11 identification.)  
12 Q.  
13 BY MS. ZUREICK:  
14 Q. Okay. I'm showing you an exhibit  
15 marked Exhibit 116.  
16 Do you recognize this document?  
17 A. Yes.  
18 Q. And what is this document?  
19 A. This is my expert report that I  
20 authored for the state in regards to this case.  
21 Q. Okay. Would you please look at  
22 paragraph 1 of Exhibit 116?  
23 A. Sure.  
24 Q. And tell me when you're done reading  
25 it.

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1 BARBARA KNOX, M.D.  
2 (Witness viewed said document.)  
3 THE WITNESS: I am done.  
4 BY MS. ZUREICK:  
5 Q. Okay. Does this refresh your memory  
6 on whether you reviewed any jail records?  
7 A. Yes. So I documented that I did  
8 review jail records.  
9 Q. Okay. And does it refresh your  
10 memory on any other documents that you reviewed  
11 in preparing your expert report?  
12 A. Yes. At the time that I prepared  
13 this expert report, I had also reviewed the  
14 declaration of Dr. Mishka Terplan as well.  
15 Q. Okay. And is it correct that you  
16 also reviewed the exhibits to his declaration?  
17 A. Yes.  
18 Q. Okay. Thank you.  
19 And are those all of the documents  
20 that you reviewed in preparing your expert  
21 report?  
22 A. Yes.  
23 Q. Okay. Thank you.  
24 Just turning back quickly to what  
25 you were asked to give an opinion on -- oh,

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1 BARBARA KNOX, M.D.  
2 sorry, one more question on records.  
3 You said that you reviewed the  
4 baby's medical records, correct?  
5 A. Yes.  
6 Q. This is Tamara Loertscher's baby --  
7 A. Yes.  
8 Q. -- is that correct?  
9 Did you review any medical records  
10 for that child after its birth?  
11 A. Yes, they were provided to me.  
12 Q. Okay. And what were these records  
13 exactly, if you recall?  
14 A. I don't recall off the top of my  
15 head. I remember getting them as an exhibit.  
16 Q. Okay. And until what age did these  
17 records go?  
18 A. I don't recall off the top of my  
19 head.  
20 Q. Okay.  
21 A. I reviewed this quite some time ago.  
22 Q. Okay. Thank you.  
23 Okay. On the -- on what you were  
24 asked to give an opinion on, were you asked to  
25 give an opinion on Ms. Loertscher's health

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1 BARBARA KNOX, M.D.  
2 specifically?  
3 A. I don't recall specifically being  
4 asked to comment on her health.  
5 Q. Okay. And were you asked to give an  
6 opinion on whether she had a substance use  
7 disorder?  
8 A. I was not asked specifically to give  
9 an opinion on whether or not she had a  
10 substance use disorder.  
11 Q. Okay. And were you asked to give an  
12 opinion on whether child abuse had occurred in  
13 her case?  
14 A. I was asked --  
15 MR. WIESNER: I'll object to the  
16 form of that question.  
17 THE WITNESS: I was asked in the  
18 course of my duties to review this case and  
19 comment on -- on risks of drugs to unborn  
20 fetuses.  
21 BY MS. ZUREICK:  
22 Q. Okay. So you were asked to comment  
23 in general on risk of drugs --  
24 A. Drug exposure to unborn fetuses --  
25 Q. Okay. To fetal development, is that

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1 BARBARA KNOX, M.D.  
2 correct?  
3 A. Sure.  
4 Q. Okay. Thank you.  
5 Okay. So moving back to the  
6 preparation of your expert report, who did you  
7 speak with while you were preparing this  
8 report?  
9 A. Ms. Keckhaver.  
10 Q. Okay.  
11 A. And -- I'm trying this think. I  
12 really didn't speak with anyone else in  
13 preparing the report.  
14 There was one time where  
15 Ms. Keckhaver was present at UW Hospital in a  
16 meeting with both myself and with one of the  
17 other individuals that I had requested  
18 participate in this case, but this was -- we  
19 were not independently discussing each other's  
20 information. Dave Wargowski was present at  
21 that meeting that we jointly had, which lasted  
22 approximately an hour.  
23 Q. Okay. So you had ask Dr. Wargowski  
24 to be a part of this case, is that correct?  
25 A. I didn't ask him. I recommended him

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1 BARBARA KNOX, M.D.  
2 to Karla Keckhaver as being a person that I  
3 thought would be able to adequately speak about  
4 fetal alcohol spectrum disorder and more  
5 information in regards to prenatal substance  
6 use in regards to alcohol because that's his  
7 specialty at UW.  
8 Q. Is there anyone else that you asked  
9 for assistance from in working on this case?  
10 A. Ms. Keckhaver asked me for some  
11 recommendations of other people that I would  
12 deem to be appropriate in being able to comment  
13 on prenatal substance use and abuse and the  
14 effects on unborn and born children. And I  
15 also recommended Dr. Michael Porte as being an  
16 individual that would also specialize in that  
17 area.  
18 Q. Who are the other individuals that  
19 you recommended to Ms. Keckhaver?  
20 A. No one else that I recall at this  
21 time when we were preparing these reports.  
22 Q. Okay. And is there anyone who  
23 worked with you in preparing your report?  
24 A. No.  
25 Q. Okay. And did the state ask you to

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1 BARBARA KNOX, M.D.  
2 make any assumptions as you were writing this  
3 report?  
4 A. No.  
5 Q. Okay. And did the state ask you to  
6 limit what you addressed in your expert report?  
7 A. No, I don't recall being limited --  
8 Q. Okay.  
9 A. -- on anything.  
10 Q. Okay. So turning back to the  
11 documents that you reviewed in preparing your  
12 expert report, you've listed medical records of  
13 Tamara Loertscher, medical records of her child  
14 after the child was born, jail records,  
15 eWiSACWIS records, and Dr. Terplan's  
16 declaration and the attached exhibits, is that  
17 correct?  
18 A. Yes.  
19 Q. And did you review any other  
20 documents in preparing your expert report?  
21 A. I did review some literature --  
22 Q. Okay.  
23 A. -- in preparing my expert report --  
24 Q. Okay.  
25 A. -- as I would with any expert

1 BARBARA KNOX, M.D.

2 report.

3 Q. Are -- is -- are those articles all  
4 represented in your citations in the expert  
5 report or are there additional ones?

6 A. There's additional ones. I had a  
7 stack this high (indicating) of literature that  
8 I reviewed in preparation of this report.

9 I pulled out articles that I thought  
10 were key to cite in this report, but it's  
11 certainly not a complete review of the  
12 literature that went into the production of  
13 this report.

14 Q. Okay. And did you review the  
15 complaint or the amended complaint in this  
16 case?

17 A. The -- the --

18 Q. Did you review the legal complaint?

19 A. I do not believe that I did review  
20 the legal complaint.

21 Q. Okay. So is this -- is that a full  
22 list of the documents that you reviewed for  
23 your expert report?

24 A. To the best of my knowledge, it is.

25 Q. Okay. Thank you.

1 BARBARA KNOX, M.D.

2 Great. So let's talk a little bit  
3 now about your preparation for today.

4 Do you know why we are here today?

5 A. Yes.

6 Q. And why are we here today?

7 A. The state of Wisconsin unborn CHIPS  
8 law is being challenged, and that is my  
9 understanding of what today is really about.

10 Q. Okay. And as you understand it,  
11 what is this case about? Is it about anything  
12 other than a challenge of the CHIPS law?

13 A. My understand --

14 MR. WIESNER: I'll just object to  
15 the form of that question as being vague  
16 and ambiguous.

17 THE WITNESS: My understanding is  
18 that this case is also about the individual  
19 plaintiff and concerns by the plaintiff  
20 that her rights were violated in the course  
21 of forcing treatment.

22 BY MS. ZUREICK:

23 Q. Okay. And are you familiar with  
24 Wisconsin Act 292, the law at issue in this  
25 case?

1 BARBARA KNOX, M.D.

2 A. Yes.

3 Q. Okay. Have you read Act 292?

4 A. I have not read it word for word in  
5 a long time. Certainly early on in my career I  
6 did because I do get consulted by counties and  
7 other agencies with questions regarding unborn  
8 children in need of protection and what are  
9 effects of certain drugs and/or alcohol and  
10 other substances, because there are many, and  
11 how they may affect unborn fetuses.

12 So I certainly have participated in  
13 unborn CHIPS cases before. And way back early  
14 in my career I did look at the law with some of  
15 the people asking for assistance, but it's been  
16 a really long time since I've seen that.

17 Q. When you say you looked at the law  
18 with people asking for assistance, who are  
19 these people that you're referring to?

20 A. It would be individual counties or  
21 other entities that would have requested  
22 assistance in specific cases.

23 Q. Okay. And we'll talk --

24 A. So --

25 Q. Oh, I'm sorry. Please -- please

1 BARBARA KNOX, M.D.

2 finish.

3 A. So I provide medical expertise, but  
4 many times they read me back what their  
5 standard is for being able to -- to prove or  
6 disprove cases so that I understand from their  
7 perspective what their burden is that they need  
8 and they understand from mine what I can  
9 medically say and what I can't.

10 Q. Okay. And we'll talk more about  
11 your consulting experience a bit further on,  
12 so --

13 A. Okay.

14 Q. -- thank you.

15 What did you do to prepare for  
16 today's deposition?

17 A. Read a lot of articles and  
18 documented my -- my concerns and my objective  
19 findings of this case.

20 Q. Okay. Did you review any documents  
21 for today?

22 A. I did a while back review the other  
23 experts' opinions and rebuttal opinions that  
24 came in.

25 Q. Okay. So have you reviewed all of

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1 BARBARA KNOX, M.D.  
2 the rebuttal reports -- reports from  
3 plaintiff's expert witnesses?

4 A. I have, but it's been a while --

5 Q. Okay.

6 A. -- since I reviewed them.

7 Q. And so you reviewed Dr. Terplan's  
8 rebuttal report, correct?

9 A. Yes.

10 Q. And did you review any of the  
11 articles, any of the studies that he cites in  
12 his rebuttal report?

13 A. I would have to go back and look at  
14 the rebuttal report to be able to fully comment  
15 on that because I had so many articles that I  
16 did review.

17 Q. Okay. So to summarize, you've  
18 reviewed articles and the expert reports and  
19 rebuttal reports in this case.

20 Are there any other documents that  
21 you reviewed in preparation for today?

22 A. I think that that is the gist of the  
23 majority of the reports.

24 Q. Okay. So there's nothing else that  
25 you can think of at this time, correct?

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1 BARBARA KNOX, M.D.

2 A. No.

3 Q. Okay. Did you review any documents  
4 that have not been produced in discovery in  
5 this case?

6 A. Not unless they were just journal  
7 articles that I pulled but didn't cite here.

8 Q. Okay. Thank you.

9 And did you speak with anyone in  
10 preparation for today's deposition?

11 A. Ms. Keckhaver and her assistant.  
12 And I'm blanking on her name --

13 Q. Okay.

14 A. -- but she has long blond hair.

15 Q. Is this another -- is  
16 Ms. Keckhaver's assistant another attorney?

17 A. Yes.

18 Q. Okay.

19 A. Maybe I shouldn't call her an  
20 assistant.

21 MS. KECKHAVER: She's not my  
22 assistant.

23 THE WITNESS: That might not set  
24 well. Can I delete that little statement  
25 and say her partner?

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1 BARBARA KNOX, M.D.  
2 BY MS. ZUREICK:

3 Q. Okay. Thank you.

4 And did anyone assist you in  
5 preparation for today's deposition?

6 A. Not in any way, other than a few  
7 minutes of meeting with me a week or two ago to  
8 say here's what to expect in a deposition.

9 Q. Okay.

10 A. And it was pretty brief.

11 Q. And who was that meeting with?

12 A. Ms. Keckhaver and her partner.

13 Q. Okay. Okay. Thank you.

14 And did you take any notes in  
15 preparation for today?

16 A. No.

17 Q. Okay. And what are you charging the  
18 state for your testimony in this case?

19 A. I'm not charging the state anything.

20 Q. Okay.

21 A. The University of Wisconsin Medical  
22 Foundation charges a very cheap \$150 an hour  
23 for my testimony and review of medical records.  
24 And none of that comes back to me. That all  
25 goes to the departmental general fund, which I

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1 BARBARA KNOX, M.D.

2 never see.

3 Q. Okay. Is that true in general when  
4 you testify in cases?

5 A. It is. It is. All of the testimony  
6 that I do for the University of Wisconsin,  
7 including any criminal work.

8 Any -- I -- I really don't do civil  
9 cases.

10 Q. Okay.

11 A. Any criminal work, any of the  
12 revocation hearings, any of the federal cases  
13 that I do, which I certainly, you know, do  
14 federal cases, and review of child pornography,  
15 all of that all goes back to the University of  
16 Wisconsin Medical Foundation.

17 Q. Okay.

18 A. And what they do with it I have no  
19 idea --

20 Q. Okay.

21 A. -- but it doesn't influence me.

22 Q. Okay. You said that any testimony  
23 that you do for the University of Wisconsin?

24 Do you do any testimony outside of  
25 that role?

1 BARBARA KNOX, M.D.

2 A. No, I do not. We are -- we are  
3 required not to do any outside consulting  
4 unless it's through the University of Wisconsin  
5 when you're employed by the University of  
6 Wisconsin.

7 Q. Okay. Thank you.

8 Have you ever met Tamara Loertscher?

9 A. I have not, to the best of my  
10 knowledge, ever met her.

11 Q. Okay. Okay. Before we go further,  
12 I have a few documents to show you. I've  
13 already shown you Exhibit 116, which you've  
14 identified as your expert report.

15 A. Yes.

16 Q. Could you take a look at it and see,  
17 does it include the exhibits that you submitted  
18 with this report?

19 A. It does include my CV, which I  
20 subsequently extensively updated, so I sent --

21 Q. And we'll --

22 A. -- an updated CV.

23 Q. And we'll discuss that in just a  
24 minute. Thank you.

25 A. And -- and it also includes the

1 BARBARA KNOX, M.D.

2 cases. So, yes, it does include the exhibits  
3 that came with.

4 Q. Okay. Great.

5 And so that is a true and complete  
6 copy of the report and exhibits that you  
7 submitted in this case, is that correct?

8 A. Yes, with the -- with the caveat  
9 that I did submit an updated curriculum vitae.

10 Q. Absolutely. Okay.

11 (Exhibit 117 was marked for  
12 identification.)

13 BY MS. ZUREICK:

14 Q. So I am now giving you what is  
15 marked as Exhibit 117.

16 A. Yes.

17 Q. Do you recognize this document?

18 A. Yes. I believe it is my most  
19 updated curriculum vitae.

20 Q. Okay. And would you -- and did you  
21 prepare this document?

22 A. Yes.

23 Q. Okay. Please take a minute --

24 A. Painfully so, I did.

25 Q. Would you please take a minute to

1 BARBARA KNOX, M.D.

2 look it over and make sure it's a true and  
3 complete copy of your CV.

4 (Witness viewed said document.)

5 THE WITNESS: It is.

6 BY MS. ZUREICK:

7 Q. And it's a true and complete  
8 recounting of your education, training,  
9 employment, and experience, is that correct?

10 A. Yes.

11 Q. Okay. And would you adopt the  
12 contents of this document for the record?

13 A. Yes.

14 Q. Thank you.

15 Okay. Dr. Knox, let's talk a little  
16 bit about your professional experience.

17 Am I correct that you're an  
18 associate professor of pediatrics at the  
19 University of Wisconsin School of Medicine and  
20 Public Health?

21 A. Yes.

22 Q. And you have been a professor in the  
23 Department of Pediatrics since 2006, is that  
24 right?

25 A. An associate professor. An

1 BARBARA KNOX, M.D.

2 assistant professor until a promotion to  
3 associate professor and now hopefully soon to  
4 be promoted to professor. But yes, since 2006  
5 is correct.

6 Q. Thank you.

7 And you're also the chief of the  
8 Division of Child Abuse Pediatrics and  
9 Bioethics at the University of Wisconsin's  
10 medical school, correct?

11 A. Yes.

12 Q. Okay. And you're the medical  
13 director of the child protection program at the  
14 University of Wisconsin American Family  
15 Children's Hospital.

16 A. Yes.

17 Q. Is that correct?

18 A. Yes.

19 Q. And you're a board certified  
20 pediatrician, right?

21 A. Board certified pediatrician and  
22 child abuse pediatrician. I'm double boarded  
23 in -- in both areas.

24 Q. Thank you.

25 In your own words, how would you

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1 BARBARA KNOX, M.D.  
 2 describe your professional expertise?  
 3 A. I am a board certified general  
 4 pediatrician, and I am also a board certified  
 5 child abuse pediatrician.  
 6 Q. Okay.  
 7 A. Child abuse pediatrics is the newest  
 8 subspecialty in the area of pediatrics. And as  
 9 such, we specialize in children, including  
 10 unborn children, who may be victims of  
 11 potential maltreatment.  
 12 Q. Okay.  
 13 A. And those range from concerns of  
 14 physical abuse; concerns of sexual abuse;  
 15 concerns of medical child abuse, which is the  
 16 new term for Munchausen syndrome by proxy;  
 17 concerns of neglect; and also other concerns  
 18 such as drug endangered children, as well as  
 19 unborn drug endangered children. And we also  
 20 evaluate children for psychological  
 21 maltreatment as well.  
 22 Q. Okay. Is it common for a child  
 23 abuse pediatrician to specialize in drug  
 24 endangered unborn children?  
 25 A. It is absolutely commonplace for all

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1 BARBARA KNOX, M.D.  
 2 of us who are board certified child abuse  
 3 pediatricians to have expertise in the area of  
 4 unborn drug endangered children because of the  
 5 fact that these cases come to us and is part of  
 6 training and expertise as we go through  
 7 fellowship to learn about the effects that  
 8 drugs and other substances -- because there's  
 9 street drugs, there's other substances, there's  
 10 alcohol, et cetera, but all of the substances  
 11 and what -- and how they may potentially harm  
 12 an unborn fetus.  
 13 Q. Okay. We will talk in more detail  
 14 about your training in this area.  
 15 Do you consider yourself an expert  
 16 on fetal development?  
 17 A. I am not boarded in fetal  
 18 development, so I'm not a board certified  
 19 subspecialist who would be developmental  
 20 pediatrics, but I absolutely consider myself  
 21 qualified and an expert in areas of child  
 22 development because that is part of general  
 23 pediatrics, which I am boarded in.  
 24 Q. Okay.  
 25 A. So you absolutely have --

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1 BARBARA KNOX, M.D.  
 2 MR. WIESNER: (Unintelligible) I'm  
 3 sorry. Go ahead. I didn't mean to cut you  
 4 off.  
 5 THE WITNESS: So you absolutely have  
 6 to have training and expertise in child  
 7 development in order to be boarded as a  
 8 pediatrician.  
 9 BY MS. ZUREICK:  
 10 Q. Is child development the same thing  
 11 as fetal development?  
 12 MR. WIESNER: Hold on one second. I  
 13 just want to put an objection to the last  
 14 question as to the form and the foundation.  
 15 I'm sorry for interrupting.  
 16 THE WITNESS: May I please ask you  
 17 to repeat the question that you asked me  
 18 originally?  
 19 MS. ZUREICK: Would you be able to  
 20 read that back.  
 21 (The reporter read the record as  
 22 requested.)  
 23 THE WITNESS: Okay. Thank you for  
 24 the clarification.  
 25 So certainly I am trained in fetal

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1 BARBARA KNOX, M.D.  
 2 development. As part of pediatrics, we do  
 3 receive training in fetal development.  
 4 Certainly people who have -- who  
 5 have a lot of expertise in fetal  
 6 development would be maternal fetal  
 7 medicine specialists in medicine, so that  
 8 is an area of specialized medicine.  
 9 BY MS. ZUREICK:  
 10 Q. Okay. And you're not a maternal  
 11 fetal medicine specialist?  
 12 A. I am not, but I certainly have  
 13 training and experience in fetal development,  
 14 yes.  
 15 Q. Okay. And we'll talk a bit more  
 16 about your training.  
 17 If you know, how many child abuse  
 18 pediatricians are board certified in Wisconsin?  
 19 A. In Wisconsin, there are -- I'm the  
 20 only in Madison. There are, I believe, three  
 21 or four in Milwaukee.  
 22 Q. Okay.  
 23 A. And I am unaware of anyone else in  
 24 the state who is board certified in child abuse  
 25 pediatrics.

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Q. Do you know how many child abuse pediatricians are board certified in the United States?

A. It's somewhere in the vicinity of the high 200s to low 300s.

Q. Okay.

A. It is not a big number.

Q. And how do you know that?

A. Because it became a board certified subspecialty in 2009.

Q. Okay.

A. And they have tracked the number of board certified child abuse physicians ever since because, unfortunately, the statistic that had been reported out to us is that approximately 70 percent of the field was due to retire within five years. So it puts a huge crimp on people being able to serve the country.

Q. When you say 70 percent of the field is due for retirement, what field specifically?

A. Child abuse pediatrics --

Q. Okay.

A. -- was a statement that was said at

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a conference. So it started a panic amongst child abuse physicians. And many of us who were mid-career were being recruited to the big programs to take over.

Q. Okay. I see.

And what year was this statement said?

A. I don't recall. It was at one of the national conferences.

Q. Okay. So it became a board certified specialty in 2009, correct?

A. Yes.

Q. Were there physicians practicing in this specialty prior to 2009 --

A. Yes.

Q. -- before it was -- okay.

A. Yes.

Q. Okay.

A. But that's when it was officially recognized as a board certified subspecialty --

Q. Okay.

A. -- by the American Board of Pediatrics.

Q. Okay. And what is the process for

BARBARA KNOX, M.D.

an area of practice becoming a board certifiable specialty?

A. It is a huge process with the American Board of Pediatrics and, once approved as a board certified subspecialty, requires that after completion of a -- of a three-year residency in general pediatrics, that you then complete a three-year residency -- or fellowship, I'm sorry, in child abuse pediatrics to receive the additional training and experience.

Q. I see.

A. So I had completed a fellowship before it was board certified at Cincinnati Children's Hospital Medical Center in child abuse pediatrics, and then I was qualified to sit for the child abuse pediatrics sub-board exam.

Q. Okay. I see.

So the qualifications, just to summarize, a three-year residency in general pediatrics, a three-year fellowship in child abuse pediatrics, and sitting for the board exams in child abuse pediatrics, is that

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correct?

A. Since 2009 -- or since -- I don't know when they closed the -- the loop when it became the board certified subspecialty. But somewhere along the way it -- it became -- after it was an official board certified subspecialty, it's now a requirement that you have to complete three years of fellowship.

Q. Okay. Okay. And is there anything else that you need to do to become a board certified child abuse pediatrician?

A. Well, now it's the training, the additional training that you have to do. In the past it was that you had to be working full time in the field for greater than five years and/or have fellowship requirements as set by the American Board of Pediatrics.

Q. Okay. Is there any additional training that you are required to undergo to maintain your certification?

A. Oh, yes. There's maintenance of certification --

Q. Okay.

A. -- meaning that you have to -- once

1 BARBARA KNOX, M.D.

2 you're certified, you have to complete  
3 additional training every so often, including  
4 performance improvement, practices, and many  
5 tests, many, many tests, to maintain your  
6 certification and then qualify to sit for the  
7 next board exam.

8 Q. Okay. How often do you have to sit  
9 for the board exam?

10 A. That's a good question because it  
11 used to be approximately eight years. And then  
12 when -- when I went to -- when I sat for the  
13 sub-board, they credited my general pediatrics  
14 certification out by a couple of years.

15 So I think my general "peeds"  
16 stretches out to ten and then I think re-sit  
17 for the child abuse pediatrics sub-board in  
18 2021.

19 Q. Okay.

20 A. So they stagger it based on your --  
21 your recertification for the general pediatrics  
22 exam and the child abuse pediatrics exam.

23 Q. Okay.

24 A. And I think I'm due in 2018 maybe  
25 for the -- for the general pediatrics certi --

1 BARBARA KNOX, M.D.

2 recertification.

3 Q. Okay. And so as a child abuse  
4 pediatrician, does that mean that you are an  
5 expert in fetal development?

6 A. I would have --

7 MR. WIESNER: Object to the form and  
8 foundation of that question.

9 MS. KECKHAVER: Join.

10 THE WITNESS: I would have to say  
11 that I would consider the true experts in  
12 fetal development to be those who  
13 subspecialized in that, in maternal fetal  
14 medicine.

15 So I would consider myself trained  
16 in the area. But if I wanted to get  
17 specific information on fetal development  
18 per se, I may ask for additional help from  
19 one of my physician colleagues who are  
20 sub-boarded in that area.

21 BY MS. ZUREICK:

22 Q. Okay.

23 A. But that's not to say that I'm not  
24 qualified in areas of fetal development.

25 Q. Okay. And do you consider yourself

1 BARBARA KNOX, M.D.

2 an expert on the impact of prenatal exposure to  
3 drugs or alcohol on fetal development?

4 A. Yes, I do.

5 MR. WIESNER: Object to the form and  
6 foundation again.

7 BY MS. ZUREICK:

8 Q. Would you remind repeating your  
9 answer?

10 A. Yes, I do.

11 Q. Okay. And what is the -- the basis  
12 for that expertise?

13 A. The basis for the expertise in that  
14 area is because we in child abuse pediatrics  
15 are trained in this area during our -- during  
16 our fellowship training --

17 Q. Okay.

18 A. -- and it is part of the child abuse  
19 pediatrics arena, and we frequently are  
20 consulted on these cases as experts to assist  
21 with cases of prenatal drug exposure.

22 Q. Are issues of prenatal drug exposure  
23 included in your board exams to be certified as  
24 a child abuse pediatrician?

25 A. I believe they are. It's been a

1 BARBARA KNOX, M.D.

2 long time since I took that, but I believe that  
3 that information is in the content  
4 specifications.

5 Q. Okay.

6 A. There's certainly information in  
7 content specifications on drug endangered  
8 children, which covers unborn drug endangered  
9 children as well.

10 Q. Okay. And do you consider yourself  
11 an expert specifically on the impact of alcohol  
12 exposure -- prenatal alcohol exposure on fetal  
13 development?

14 MR. WIESNER: Form and foundation.

15 THE WITNESS: I consider myself very  
16 highly trained in that area. I consider  
17 Dave Wargowski to be my institutional  
18 expert --

19 BY MS. ZUREICK:

20 Q. Okay.

21 A. -- because he has done a vast  
22 majority of the research in this area.

23 Q. Okay.

24 A. So I consider him to be a national  
25 expert in the field.

1 BARBARA KNOX, M.D.

2 And when I -- even though I am  
3 highly trained in that area and it's part of my  
4 subspecialty and certainly part of the content  
5 specs and what I was trained in, I do  
6 collaborate with him very frequently on these  
7 cases because I consider him to be the foremost  
8 expert in the field.

9 Q. Okay. And do you consider yourself  
10 on expert on the impact of prenatal exposure  
11 to -- to tobacco on prenatal development?

12 A. I consider myself to be highly  
13 trained in that area as well because it's part  
14 of my training and expertise --

15 Q. Okay.

16 A. -- as a child abuse pediatrician.

17 Q. Okay. And are you also an -- do you  
18 also consider your -- do you consider  
19 yourself -- excuse me. Strike that.

20 Do you consider yourself an expert  
21 on the impact of prenatal exposure to  
22 methamphetamines, opioids, marijuana, or any  
23 other illicit drugs on prenatal development?

24 MR. WIESNER: Form and foundation.  
25 BY MS. ZUREICK:

1 BARBARA KNOX, M.D.

2 Q. You may answer.

3 A. Again, I would consider the answer  
4 to be the same. This is part of my training  
5 and expertise as a board certified child abuse  
6 pediatrician. So yes, I have been trained in  
7 these areas.

8 Q. Okay. Like I said before, we'll  
9 talk more about your training shortly. Thank  
10 you.

11 Do you consider yourself an expert  
12 on the diagnosis and treatment of substance use  
13 disorders in children or in adults?

14 MR. WIESNER: I'd just object to the  
15 form of it as being ambiguous.

16 THE WITNESS: I am not an addiction  
17 specialist.

18 BY MS. ZUREICK:

19 Q. Okay.

20 A. I certainly have children that I do  
21 diagnose as being addicted to substances. And  
22 at that point, I call in my physician  
23 colleagues who are addiction specialists to  
24 help with implementing treatment  
25 recommendations for those children.

1 BARBARA KNOX, M.D.

2 Q. Okay.

3 A. So I do feel qualified to diagnose  
4 children who are -- who are addicted to  
5 substances. It's certainly very prevalent  
6 within child abuse pediatrics. We see it very  
7 frequently in victims of human trafficking.

8 Q. Okay.

9 A. And we also see it in other children  
10 who have been maltreated.

11 But, again, making the treatment  
12 recommendations on how to implement and  
13 continue treatment for those children is  
14 something that I pair with our addiction  
15 specialists at UW.

16 Q. Okay. And what is the basis for  
17 your qualification to diagnose children with  
18 substance use disorder or addiction?

19 A. I am very confident in diagnosing  
20 children as being drug addicted when they meet  
21 criteria that the institution has established.  
22 And based upon my training and experience as a  
23 child abuse pediatrician, when children are  
24 reporting extensive drug abuse to me, that is  
25 certainly something that I feel confident in

1 BARBARA KNOX, M.D.

2 diagnosing them as having an addiction  
3 disorder.

4 Q. And when you say the criteria the  
5 institution established, what is this  
6 institution?

7 A. So the University of Wisconsin does  
8 have some institutional criteria with which  
9 they use in different departments for helping  
10 with establishing the -- these issues.

11 And there's also other -- certainly  
12 within the training, there are certain  
13 questionnaires that I can use to be able to  
14 elicit how people are -- or how concerning it  
15 is for addiction with individuals.

16 And so when I'm concerned about that  
17 or when it's just frank evident that they are  
18 drug addicted and they're presenting addicted,  
19 then those are times where I will diagnose them  
20 with that and refer them to have the addiction  
21 specialist come consult.

22 Q. What does it mean to present as  
23 addicted?

24 A. Let me give you an example to answer  
25 that question. As part of child abuse

1 BARBARA KNOX, M.D.  
2 pediatrics, I frequently treat victims of human  
3 trafficking. And when they present to me, many  
4 of them clearly present in -- in states where  
5 they are high at the time that they come in to  
6 see me.

7 And I will look at these patients.  
8 I will talk to them about how much substance  
9 they're using, how frequently they're using,  
10 you know, are there -- are there times that  
11 they don't use, what happens when they don't  
12 use, look at their bodies, do physical exams,  
13 see if they have track marks all over their  
14 body, et cetera.

15 And based upon the history and  
16 physical exam findings and the disclosures of  
17 these individuals, many times they certainly  
18 can be diagnosed as being drug addicted and  
19 then subsequently referred to the addiction  
20 disorder specialist, who will then look at  
21 treatment for these individuals.

22 Q. Okay. So in diagnosing substance  
23 use disorder, do you use the criteria for  
24 children from -- do you use the American  
25 Society of Addiction Medicine criteria in

1 BARBARA KNOX, M.D.  
2 diagnosing a child as having a substance use  
3 disorder or being drug addicted?

4 MS. KECKHAVER: Objection, compound,  
5 vague.

6 THE WITNESS: I don't always use  
7 that criteria, no. I use some of the  
8 criteria that's established with our  
9 training. There's also DSM-IV criteria,  
10 et cetera, DSM-V. So it depends upon what  
11 you're looking at.

12 And I also use some of the criteria  
13 questionnaires that have been established  
14 by other organizations in special -- or in  
15 evaluating these specialty victims of human  
16 trafficking for which we know they have a  
17 high drug abuse population. And that's  
18 things that I then refer to our addiction  
19 specialists.

20 BY MS. ZUREICK:

21 Q. You mentioned some questionnaires.  
22 Which organizations have created  
23 these questionnaires that you use?

24 A. There are a vast number of  
25 organizations that have many of these

1 BARBARA KNOX, M.D.  
2 questionnaires out that can be used and  
3 implemented in different ways for this. So you  
4 decide what you want to use on any given  
5 patient.

6 Q. Okay.

7 A. Or you ask the general questions and  
8 then refer them to the addiction specialists.

9 Q. Are there questionnaires from  
10 particular organizations that you prefer to use  
11 or use frequently?

12 A. You know, on -- on a lot of the drug  
13 endangered individuals that are victims of  
14 human trafficking, I will ask some of the  
15 questions that have been provided by the  
16 American Professional Society on the Abuse of  
17 Children where there are drug questions that  
18 come into that. Those are not standards for  
19 which I would use to make an addiction disorder  
20 diagnosis.

21 Q. Okay.

22 A. But there are certainly multiple  
23 questionnaires. There's tons of  
24 questionnaires. There's multiple other things  
25 that look at risk in these children.

1 BARBARA KNOX, M.D.

2 Q. Okay. And do you diagnose infants  
3 or babies as being addicted?

4 A. I typically consult on them when  
5 that diagnosis has already been made.

6 So typically when an -- or when a  
7 newborn is being diagnosed with neonatal  
8 abstinence syndrome, I am called to consult at  
9 times on those cases. But I certainly have  
10 seen babies who are clearly drug addicted or  
11 who have had issues with profound drug  
12 exposure.

13 Q. And have you ever diagnosed a baby  
14 as being drug addicted or having a substance  
15 use disorder yourself?

16 MS. KECKHAVER: Object to the form  
17 of the question.

18 MR. WIESNER: Join.

19 THE WITNESS: I would have to say  
20 that there are cases for which I've been  
21 supplied information through the medical  
22 records or, as part of my consult, where I  
23 would concur that the child is drug  
24 addicted.

25 But, again, these typically are ones

1 BARBARA KNOX, M.D.

2 that are newborns presenting with neonatal  
3 abstinence syndrome or they've had profound  
4 drug exposure.

5 So another example of that would be  
6 a baby who was discharged home from a mom  
7 who was addicted to heroin, and they gave  
8 the baby Methadone maintenance, discharged  
9 the baby with Methadone that should -- that  
10 could be dosed in the bottle at home.

11 And, unfortunately, this mother let  
12 her neighbor, who was also a Methadone  
13 user, watch the baby. And that individual  
14 crushed up her own Methadone tablet because  
15 she wanted the baby to stop crying and fed  
16 it to the baby and the baby respiratory  
17 arrested.

18 So these are cases where we have  
19 extreme drug exposure, but I wouldn't  
20 diagnose that child as having -- as having  
21 a drug addiction.

22 BY MS. ZUREICK:

23 Q. Okay.

24 A. So...

25 Q. Okay. Thank you.

1 BARBARA KNOX, M.D.

2 Also, do you consider yourself an  
3 expert on pregnancy?

4 A. No, I wouldn't consider myself an  
5 expert on pregnancy.

6 Q. Okay.

7 A. I'm not an OB/GYN. I would consider  
8 them to be the experts on pregnancy.

9 Q. Okay. And do you consider your  
10 expert -- yourself an expert on the diagnosis  
11 and treatment of substance use disorders among  
12 pregnant women specifically?

13 A. No, because I'm not an OB/GYN and  
14 I'm not an addiction specialist.

15 Q. Okay. Thank you.

16 Okay. So let's talk a little bit  
17 more specifically about your professional  
18 experience.

19 So you are, again, an associate  
20 professor of pediatrics at the University of  
21 Wisconsin School of Medicine and Public Health,  
22 correct?

23 A. Yes.

24 Q. And what are your job  
25 responsibilities as an associate professor?

1 BARBARA KNOX, M.D.

2 A. I medically evaluate children who  
3 are suspected victims of child abuse and  
4 neglect. I also provide teaching and education  
5 to a vast variety of individuals.

6 And I also oversee and manage the  
7 child protection program at the University of  
8 Wisconsin amongst a lot of other things.

9 So there's an administrative  
10 component, a teaching component, a clinical  
11 practice component. There's multiple different  
12 prongs of this.

13 Q. Right. And I know that you have a  
14 number of different professional roles.

15 How many hours per week do you spend  
16 in your role as an associate professor at the  
17 University of Wisconsin School of Medicine?

18 A. That's a question that I don't know  
19 that I can truly answer in the way that you  
20 have presented it.

21 Q. Okay. How much of your professional  
22 time is spent in your role as an associate  
23 professor?

24 A. That's the same question. As an  
25 associate professor, that is my academic title.

1 BARBARA KNOX, M.D.

2 Q. Okay.

3 A. So I'm unsure as to what you are  
4 asking me, so I can't effectively answer the  
5 question.

6 Q. Okay. Let's talk -- so do you  
7 consider your -- your role as an associate  
8 professor of pediatrics to -- is that the same  
9 role as being division chief of UW's Division  
10 of Child Abuse and Pediatrics -- of Child Abuse  
11 Pediatrics and Bioethics?

12 A. The associate professor title  
13 reflects my academic rank --

14 Q. Okay.

15 A. -- which shows what type of academic  
16 achievements you have accomplished within an  
17 institution.

18 Q. Okay.

19 A. In regards to the medical  
20 directorship, that is reflective of the  
21 clinical arm in which I manage. However, as  
22 part of that clinical arm, there are also  
23 teaching responsibilities as part of that  
24 clinical arm, which is something that is part  
25 of being an associate professor.

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2 The -- everything that I truly do at  
3 the University of Wisconsin is part of my  
4 associate professor title. So you can't splay  
5 it off as saying, you know, this -- because the  
6 research is all under the clinical arm, too.  
7 Everything that I do in research is part of the  
8 clinical arm, but the whole entity is truly  
9 showing all of your work, because my clinical  
10 and my academic work are all part of that  
11 associate professorship.

12 Q. Okay.

13 A. So it's -- it's one and the same.

14 Q. Okay.

15 A. You can't really splay it off.

16 Q. Thank you.

17 You mentioned that you do research.  
18 What sort of research do you  
19 conduct?

20 A. I do different areas of research,  
21 but all of my research is within the realm of  
22 child maltreatment. And my specialty area is  
23 the torture of children. So child torture as a  
24 form of child abuse is my favorite area of  
25 research.

1 BARBARA KNOX, M.D.

2 presented 85 talks at national or international  
3 conferences over the last four years. I can't  
4 tell you what the regional amount of teaching  
5 is because not all of them are still listed out  
6 in the CV.

7 Q. Okay.

8 A. But I certainly teach -- teach at  
9 the institution to the medical students, to the  
10 residents, to the physician assistants, to the  
11 nursing students.

12 I take the students into my  
13 rotation. So any one of those entities can  
14 also rotate with me.

15 I also teach some in the department  
16 of emergency medicine for their residents and  
17 also, you know, frequently speak to other  
18 entities within UW Health.

19 I also go out and do grand rounds at  
20 the regional sites. So I will be invited to  
21 Baraboo, et cetera, other -- other regional  
22 site of UW Health.

23 I also go out and give, you know,  
24 talks on training for the recognition,  
25 diagnosis, and treatment of child maltreatment

1 BARBARA KNOX, M.D.

2 Q. Okay. And what are your  
3 administrative roles at the University of  
4 Wisconsin?

5 A. There are multiple. I co-run the --  
6 the child health advocacy programming in child  
7 abuse pediatrics as part of an administrative  
8 arm.

9 I also administratively oversee all  
10 of the child protection program and all of the  
11 entities under that.

12 And then there's also the  
13 administrative piece within the -- the  
14 division. So I also attend to the divisional  
15 administrative responsibilities.

16 Q. Okay. And we'll talk about the  
17 division in a minute.

18 You also mentioned that you engage  
19 in teaching and education.

20 Could you describe those  
21 responsibilities a little further?

22 A. I have many. Over the course of the  
23 past four years, I have -- I have either been  
24 an invited speaker or I have had abstracts  
25 accepted at conferences, et cetera, but I have

1 BARBARA KNOX, M.D.

2 cases to other areas.

3 I also just participated in a  
4 training for the statewide drug endangered  
5 children, training that was held in  
6 Fond du Lac.

7 So there are multiple -- there's  
8 multiple different arms. So there is the --  
9 well, there is the institutional. There is the  
10 regional training frequently to  
11 multidisciplinary teams as well, to law  
12 enforcement, to Child Protective Services, to  
13 combined groups of those, to prosecutors, you  
14 know, et cetera.

15 And then there is the national arm  
16 looking more at research and other larger  
17 trainings. And then I do some international  
18 talks as well.

19 Q. Okay.

20 A. So it's a huge component all on  
21 varying aspects of child maltreatment, from  
22 head trauma to drug endangered children to, you  
23 know, child torture as a form of child abuse.  
24 You know, it's -- it's across the board on  
25 different areas.

1 BARBARA KNOX, M.D.

2 Q. And do you train other medical  
3 professionals on the evaluation of -- of drug  
4 endangered fetuses?

5 A. Yes, I do.

6 Q. Okay. And could you describe the  
7 kinds of trainings that you've conducted?

8 A. Yes. They're -- they're -- they're  
9 listed in my CV, at least I hope all of them  
10 are listed.

11 But frequently I am asked to speak  
12 at the statewide drug endangered children  
13 conference and talk about a certain aspect  
14 of -- of drug endangered children or the  
15 recognition and the response to drug endangered  
16 children. I recently did one on opiates in  
17 drug endangered children.

18 Q. And when you say "drug endangered  
19 children," do you also mean drug endangered  
20 fetuses?

21 A. Yes.

22 Q. Okay. So is that always included in  
23 your trainings and presentations on drug  
24 endangered children?

25 A. Most of the time it is because those

1 BARBARA KNOX, M.D.

2 are where the questions come up.

3 Q. Okay.

4 A. The counties never want to have to  
5 deal with these cases, frankly. But when they  
6 do, they ask many specific questions about what  
7 is the role of this drug in regards to the  
8 unborn fetus? What is the role of this drug in  
9 regards to the unborn fetus? I gave one of  
10 those talks years ago in Cincinnati because it  
11 was so highly requested.

12 I have frequently been asked to give  
13 the same talk at the Mayo conference held in  
14 LaCrosse. I frequently have been asked to give  
15 that talk at other conferences around the  
16 state, because these are the questions that  
17 keep coming up: What is the risk? Should we  
18 be concerned if we get a report about this?  
19 You know, what -- what is the risk to the  
20 unborn fetus, you know? And what is the risk  
21 after birth?

22 Q. Okay.

23 A. So...

24 Q. So is it correct that this is a  
25 regular part of the teaching that you do?

1 BARBARA KNOX, M.D.

2 A. Fairly regular because it's a hot  
3 button topic for everybody. So, you know, it's  
4 listed out here. And, you know, I get frequent  
5 calls in the office about the issue as well.

6 Q. Okay. Who do you get these calls  
7 from?

8 A. It varies. I've had them from -- I  
9 would say the majority come from Child  
10 Protective Services because they get referrals  
11 in. And they're asking, you know: What is the  
12 risk to the unborn fetus? How concerned should  
13 we be about this report --

14 Q. Okay.

15 A. -- based upon a specific drug? So  
16 how concerned should we be about a woman who's  
17 smoking pot while pregnant? How concerned  
18 should we be about a woman who's repeatedly  
19 using methamphetamine while pregnant? How  
20 concerned should we be about a woman who's passed  
21 out and drunk and testing .5 at five months  
22 pregnant. So, you know, they ask -- they ask  
23 these questions.

24 Or we just -- law enforcement called  
25 once and said, we just arrested a woman.

1 BARBARA KNOX, M.D.

2 She -- she claims she's twenty -- or she claims  
3 she's 22 weeks pregnant, and she's a heroin  
4 addict. What -- what should we do?

5 Q. And is this the example listed --  
6 that you detail in your expert report?

7 A. One of them is in there. Two of  
8 them might be in there.

9 Q. Okay. So we'll talk about the  
10 details of that case a little later. Thank you  
11 for that.

12 Let's talk a little bit about your  
13 role as division chief at UW's Division of  
14 Child Abuse Pediatrics and Bioethics.

15 What is the mission of the division?

16 A. I have that available online, if  
17 you'd like to read it. I'm not going to quote  
18 it because I'll probably leave out a word.

19 But, you know, the mission is to  
20 evaluate, diagnose, and treat children who are  
21 suspected victims of child maltreatment.

22 Q. Okay.

23 (Exhibit 118 was marked for  
24 identification.)  
25 ///

1 BARBARA KNOX, M.D.  
 2 BY MS. ZUREICK:  
 3 Q. We're showing you -- this is  
 4 Exhibit 118.  
 5 Do you recognize this document?  
 6 A. Yes.  
 7 Q. And what is this document?  
 8 A. This is a document that is on the UW  
 9 Health website. If someone looks up the child  
 10 protection program or they look up what is  
 11 child abuse, this comes up.  
 12 Q. Okay. And does this document  
 13 mention prenatal exposure to drugs?  
 14 A. No.  
 15 Q. Does it mention prenatal child --  
 16 prenatal abuse, fetal -- fetal abuse?  
 17 A. No, but I didn't -- I didn't write  
 18 this myself either. This is what the UW Health  
 19 web people put together. So it's not a  
 20 complete list of all of the services that are  
 21 offered because psychological abuse isn't on  
 22 here either.  
 23 Q. Okay.  
 24 A. So it's a list that the UW Health,  
 25 when they were looking at the website, they put

1 BARBARA KNOX, M.D.  
 2 substance abuse, we absolutely have a focus on  
 3 that with the program.  
 4 Is it listed out in this document?  
 5 Absolutely not, nor are other ones.  
 6 I wouldn't say that my program  
 7 specializes in prenatal health because that is  
 8 what maternal fetal medicine and OB/GYNs do.  
 9 They specialize in prenatal health in oversight  
 10 of the mother.  
 11 So, no, I'm not a specialist in  
 12 that. But, yes, I absolutely am qualified and  
 13 boarded to make comments, diagnoses, and  
 14 recommendations in regards to prenatal  
 15 substance abuse as to how it may harm the  
 16 fetus.  
 17 Q. Okay. And in your opinion, is  
 18 prenatal exposure to drugs or alcohol an aspect  
 19 of prenatal health?  
 20 A. It can be an aspect of prenatal  
 21 health, yes.  
 22 Q. When would it not be an aspect of  
 23 prenatal health, in your opinion?  
 24 A. I don't think I understand your  
 25 question. Please clarify.

1 BARBARA KNOX, M.D.  
 2 this up, but it's not anything that I wrote.  
 3 Q. Okay. In your opinion, does AFCH  
 4 have a particular focus on prenatal health?  
 5 A. I would say that any medical  
 6 facility has a focus on prenatal health, yes.  
 7 Q. Okay. What about the -- what about  
 8 the American Family Children's Hospital's child  
 9 protection program specifically, which this  
 10 document is referring to?  
 11 A. Your question to me, please repeat.  
 12 Please repeat that last full question.  
 13 MS. ZUREICK: Could you please read  
 14 it back?  
 15 THE WITNESS: Sorry.  
 16 (The reporter read the record as  
 17 requested.)  
 18 BY MS. ZUREICK:  
 19 Q. I'll clarify the question.  
 20 A. Okay.  
 21 Q. Does the child protection program at  
 22 UW's AFCH facility have a particular focus on  
 23 prenatal health in your opinion?  
 24 A. I would say that our focus is when  
 25 we are called on cases that involve prenatal

1 BARBARA KNOX, M.D.  
 2 Q. Okay. So you said that prenatal  
 3 exposure to drugs or alcohol could be an aspect  
 4 of prenatal health. That suggests that there  
 5 are situations in which prenatal exposure is  
 6 not related to, is not an aspect of prenatal  
 7 health.  
 8 Could you clarify if that's your  
 9 position?  
 10 A. Sure. I would say that any drug  
 11 exposure for anything, be it any medication,  
 12 any street drug, any illicit substance, any  
 13 alcohol, is all part of prenatal health, and it  
 14 should be -- it should be evaluated when  
 15 someone is receiving prenatal health, yes. I  
 16 don't think that there's an exception where you  
 17 shouldn't evaluate it as a medical provider.  
 18 Q. Okay. Could you tell me -- so  
 19 there's the UW Division of Child Abuse and  
 20 Pediatrics -- excuse me, Child Abuse Pediatrics  
 21 and Bioethics?  
 22 A. Yes.  
 23 Q. And you're also the medical director  
 24 of the UW American Family Children's Hospital's  
 25 child protection program, which we were just

1 BARBARA KNOX, M.D.  
2 speaking about, correct?  
3 A. Yes.  
4 Q. What is the relationship, if any,  
5 between these two programs?  
6 A. The division is under -- is under  
7 the Department of Pediatrics.  
8 Q. Okay.  
9 A. And that includes the -- the  
10 division and the divisional responsibilities,  
11 and the child protection program is the  
12 clinical arm.  
13 So the division encompasses other  
14 administrative duties. It encompasses other  
15 teaching duties. It encompasses other research  
16 duties, et cetera. But some of these things  
17 intermesh, because my research really falls  
18 into the clinical realm as well.  
19 But the division is the division  
20 under the Department of Pediatrics. And the  
21 child protection program is also -- is also  
22 really an entity that is the child -- or that  
23 is the Department of Pediatrics, but also the  
24 American Family Children's Hospital.  
25 If you want the nuts and bolts of

1 BARBARA KNOX, M.D.  
2 this, the Department of Pediatrics is School of  
3 Medicine and Public Health. The child  
4 protection program -- I'm School of Medicine  
5 and Public Health, but I'm also UW Medical  
6 Foundation. And my social worker is American  
7 Family Children's Hospital employed.  
8 Q. Okay.  
9 A. So it is a multifaceted arm for  
10 which the child protection program and my  
11 medical directorship falls. And the division  
12 is School of Medicine and Public Health,  
13 period.  
14 Q. Okay.  
15 A. So it's basically just who they're  
16 under.  
17 Q. Okay. Thank you.  
18 And does the division provide  
19 services to patients?  
20 A. This is so funny because it's --  
21 it's basically the administration under which  
22 these titles come. The division is the -- is  
23 really the physician entities within the  
24 division and other employees within the  
25 entities.

1 BARBARA KNOX, M.D.  
2 So my division absolutely does --  
3 does provide clinical care to patients, yes.  
4 Q. Okay.  
5 A. And so does the child protection  
6 program. It's just where they fall in the  
7 entities.  
8 So are you understanding this? Am I  
9 clarifying this --  
10 Q. Yeah.  
11 A. -- for you?  
12 Q. Thank you.  
13 Okay. And does the division itself  
14 address any issues related to substance use or  
15 abuse?  
16 A. We're physicians employed by the  
17 division. So certainly we do address issues  
18 related to substance use and abuse --  
19 Q. Okay.  
20 A. -- and request our addiction  
21 specialists when needed.  
22 Q. Okay.  
23 A. We frequently have children who have  
24 overdosed on the their parents drugs. We  
25 frequently have children who themselves are --

1 BARBARA KNOX, M.D.  
2 are substance using and abusing. And it  
3 depends upon which arm you want to go down as  
4 to when we involve these individuals.  
5 Q. Okay. Thank you.  
6 And what are your responsibilities  
7 as division chief for the Division of Child  
8 Abuse Pediatrics and Bioethics?  
9 A. They're all the things we talked  
10 about before, the administrative role, the  
11 teaching role, the clinical role. It's all one  
12 and the same.  
13 Q. Okay. Thank you for clarifying.  
14 A. The research role.  
15 Q. Okay. And has the Division of Child  
16 Abuse Pediatrics and Bioethics at UW ever have  
17 a case of what Wisconsin law refers to as  
18 unborn child abuse?  
19 A. Sure.  
20 Q. Okay. How many cases, to the best  
21 of your knowledge?  
22 A. You know, this is what was  
23 interesting, as Karla asked me the same  
24 question, and here's what I'll tell you on  
25 that. I get less than a handful a year of any

1 BARBARA KNOX, M.D.

2 one of these cases. And the reason is  
3 because though they may be discussed at  
4 multidisciplinary team meetings, many counties  
5 don't want to deal with them at all because  
6 they're so insanely expensive to them. They  
7 would rather try and do any other possible  
8 method than have to file an unborn CHIPS  
9 petition on anyone because it's -- it's so  
10 insanely costly to these counties.

11 But they do it in rare  
12 circumstances. And the ones that I've  
13 personally been involved in have been really,  
14 really severe cases when I have been asked to  
15 be involved.

16 Q. Okay. And in your work as medical  
17 director of UW's child protection program, do  
18 you see -- have you seen cases of unborn -- of  
19 alleged unborn child abuse in that role or,  
20 again, is that just the same as your work at  
21 the division?

22 A. I'm sorry. Repeat -- repeat that  
23 question because it was kind of convoluted. I  
24 want to make sure I understand it.

25 Q. Sure. So you're also the medical

1 BARBARA KNOX, M.D.

2 director of the child protection program --

3 A. Yes.

4 Q. -- at AFCH, correct?

5 A. Yes.

6 Q. And do you see patients in that  
7 role?

8 A. Yes.

9 Q. Okay. And in that role, have you  
10 seen patients where there is suspected or  
11 alleged unborn child abuse?

12 A. Yes, I have. And these have been  
13 consults that I, as medical director of the  
14 child protection program, have been asked to do  
15 by various counties in the state.

16 Q. Okay. Have all of these cases come  
17 to you from the counties?

18 A. Let me think about that.

19 Of the ones that I get involved in,  
20 I have to say that the ones that really go  
21 anywhere have all come to me from the counties.

22 Now, that may be child protection  
23 asking me about it to start, or it may actually  
24 be the attorney who is handling the unborn  
25 CHIPS petition contacting me for outside case

1 BARBARA KNOX, M.D.

2 expertise.

3 Q. Okay.

4 A. So -- so they can come in by a  
5 couple of different arms.

6 Q. Okay. You said of the cases that,  
7 quote, "go anywhere."

8 What do you mean by the term -- by  
9 the phrase "go anywhere"?

10 A. So that's a good question. There  
11 are many people who may call and say, "We have  
12 this case. What do you think? You know, is  
13 this -- is this significant risk to a child?  
14 What does the literature say about if this  
15 person is using this substance, what is the  
16 risk of harm at this point?"

17 "This is what we know."

18 And so I will give them information.

19 Q. Okay.

20 A. And then they will determine if they  
21 are going to proceed on with that or need  
22 expertise with -- with any potential hearings  
23 that they will have.

24 Q. Okay.

25 A. There are some where, upon hearing

1 BARBARA KNOX, M.D.

2 the case, I don't feel that it is associated  
3 with significant risk.

4 There are many that I hear where I  
5 think that there is significant risk of serious  
6 harm and/or death.

7 Q. Okay. Have you worked on any unborn  
8 child abuse cases from Dane County?

9 A. That's an interesting question. So  
10 I will tell you that those cases have been  
11 discussed at multidisciplinary team meetings in  
12 depth. And -- I'm not sure. I -- I have  
13 think --

14 MS. KECKHAVER: I'm going to object  
15 to the extent that -- that Dr. Knox is  
16 being asked to disclose any --

17 THE WITNESS: I -- I can't  
18 comment --

19 MS. KECKHAVER: -- physician-patient  
20 information.

21 THE WITNESS: -- any further on that  
22 question, I don't believe.

23 BY MS. ZUREICK:

24 Q. Well, without disclosing any  
25 confidential patient information, when -- can

1 BARBARA KNOX, M.D.

2 you tell us how many of these cases have been  
3 discussed at team meetings?

4 A. In Dane County specifically?

5 Q. In Dane County specifically.

6 A. Over the years, there's been a  
7 handful of them that have been discussed.

8 Q. And is a handful less than ten?

9 A. I would say it's been less than ten  
10 in my own personal experience from Dane County.

11 Q. Okay. Is a handful less than five?

12 A. I would say that it has been  
13 somewhere in the vicinity of five to -- I would  
14 say probably five that have really been  
15 discussed in-depth.

16 Q. Okay. Did any of these cases go to  
17 court?

18 A. I can't comment on that. I would  
19 say that I was never asked for Dane County to  
20 provide additional assistance on a case after  
21 my discussions with them on given topics. So I  
22 can't say what they actually did because they  
23 may have and I just didn't participate in it.

24 Q. Okay.

25 A. I -- I can't tell you.

1 BARBARA KNOX, M.D.

2 Q. So you're saying you do not know if  
3 any of these cases proceeded to court?

4 A. Correct.

5 Q. Okay. Could you tell me who is  
6 present at these multidisciplinary team  
7 meetings?

8 A. Child Protective Services will be  
9 present. Many times law enforcement is  
10 present. Many times either a prosecutor or the  
11 person handling unborn CHIPS cases are present.

12 It -- it depends because in Dane  
13 County, it used to be that there was a person  
14 assigned in the prosecutor's office who handled  
15 these, but this person really focused on unborn  
16 CHIPS and it subsequently went to corporation  
17 counsel.

18 So, you know, I can tell you that --  
19 that I have had these discussions when the DA's  
20 office was still addressing these as unborn  
21 CHIPS cases.

22 Q. Okay. And when did the DA's  
23 office -- are you saying the DA's office  
24 stopped addressing these as UCHIPS cases?

25 A. It transitioned in Dane County to

1 BARBARA KNOX, M.D.

2 then being addressed by Dane County corporation  
3 counsel, and I don't remember what year that  
4 happened.

5 Q. Do you know why that transition  
6 happened?

7 A. Some counties do that. They -- they  
8 determined that -- I don't know. I wasn't  
9 involved in it. They -- I can't tell you why  
10 the transition happened. It was something that  
11 those two entities agreed upon, and I just said  
12 okay. It's -- it's neither here nor there for  
13 me who does them.

14 Q. Okay. At these multidisciplinary  
15 team meetings, what is your role specifically?

16 A. I'm the physician expert who is  
17 providing information to the team.

18 Q. Okay. Are there any physician  
19 experts present at these meetings?

20 A. No.

21 Q. Okay. Thank you.

22 Would you say -- so the University  
23 of Wisconsin's -- does the University of  
24 Wisconsin School of Medicine and Public Health  
25 have a relationship with any social services

1 BARBARA KNOX, M.D.

2 departments in Wisconsin?

3 MS. KECKHAVER: Objection, vague.

4 MR. WIESNER: Join.

5 THE WITNESS: I have to say I don't  
6 understand that question.

7 BY MS. ZUREICK:

8 Q. Okay. Is there any formal or  
9 informal working relationship between any  
10 entities at the University of Wisconsin and  
11 state or county social services departments?

12 MS. KECKHAVER: Object to the form.

13 MR. WIESNER: Join.

14 THE WITNESS: There is no formal nor  
15 informal relationship. The counties ask me  
16 to consult on some of their cases. They  
17 bring patients to my clinic. But there is  
18 certainly no formal relationship. There's  
19 no informal relationship.

20 We -- we work as a multidisciplinary  
21 team, but these are when they ask me to be  
22 involved in their cases. But I -- I don't  
23 understand the question beyond that.

24 BY MS. ZUREICK:

25 Q. Thank you.

1 BARBARA KNOX, M.D.

2 Okay. I have one more question  
3 about the Dane County cases.

4 Without violating any patient  
5 confidentiality, can you say why no UCHIPS  
6 proceedings have moved forward in Dane County?

7 A. I cannot.

8 Q. So do you not know why they have not  
9 moved forward?

10 A. I do not know why they have not  
11 moved forward.

12 Q. Okay. Thank you.

13 A. I also don't know if they've moved  
14 forward, so...

15 Q. Okay. And so, again, in your --  
16 your work at AFCH as medical director of the  
17 child protection program, again, do you or any  
18 of your colleagues do other -- to the extent  
19 that you know, do any additional work with  
20 state or county social services departments  
21 that you've not already discussed?

22 A. I -- I used to chair the State of  
23 Wisconsin Children's Trust Fund for which there  
24 was a DCF representative on that board.

25 Q. Okay.

1 BARBARA KNOX, M.D.

2 A. Let me think.

3 I sit on the Attorney General's task  
4 force on child maltreatment, which also has a  
5 DCF representative.

6 Q. Okay.

7 A. And outside of that, I also co-chair  
8 the Wisconsin Child Abuse Network for which we  
9 have invited the Department of Children and  
10 Families to the table for multidisciplinary  
11 teaming.

12 Q. Okay.

13 A. And let me think. Anything else?

14 I can't think of anything else for  
15 which there would be a relationship.

16 Q. Okay. And do you do work -- any  
17 other work with law enforcement that you  
18 haven't already discussed?

19 A. Not that I'm aware of. I mean, I  
20 train nationally and regionally and things like  
21 that. But I -- nationally, I worked with the  
22 United States Attorney's Office, the U.S.  
23 Department of Justice, along with -- the FBI  
24 was a partner in that, the Bureau of Indian  
25 Affairs was a partner in that, the Department

1 BARBARA KNOX, M.D.

2 of the Interior and the BCI. And -- or the --  
3 no, I'm sorry, it's the Bureau of Land  
4 Management. And we did a yearlong training  
5 nationally on sexual assault in Indian country.

6 Q. Okay.

7 A. So there was that.

8 But, you know, I have taken cases  
9 for the FBI, but I can't say that I have any  
10 other relationships --

11 Q. Okay. Thank you.

12 A. -- with law enforcement.

13 Q. And any other relationships with  
14 prosecutors?

15 A. I teach for the American Prosecutors  
16 Association. I'm invited to lecture at their  
17 conferences. And I have lectured at the  
18 National District Attorneys Association  
19 conferences on my areas of medical specialty.

20 Let me think.

21 I -- I can't think of other specific  
22 relationships that you're asking about.

23 Q. Okay.

24 A. They ask me to consult on cases, as  
25 do some defense attorneys. So...

1 BARBARA KNOX, M.D.

2 Q. Okay. Thank you.

3 So let's talk a little bit -- let's  
4 transition. Let's talk --

5 A. Oh, I have one last thing. I'm  
6 sorry.

7 Q. No problem.

8 A. So I have asked a few prosecutors as  
9 well as people who work in the area of child  
10 protection to author chapters for me as part of  
11 a book that I'm writing on child torture as a  
12 form of child abuse.

13 Q. Okay.

14 A. That's another potential  
15 relationship, I would say. Okay. Sorry.

16 Q. Thank you. Not a problem.

17 Okay. Let's talk about your  
18 clinical experience.

19 Do you currently see patients?

20 A. Yes.

21 Q. Okay. And where do you see  
22 patients?

23 A. The American Family Children's  
24 Hospital primarily. I also have privileges at  
25 St. Mary's. So occasionally I float over there

1 BARBARA KNOX, M.D.  
2 to see inpatients.  
3 And I also have privileges at  
4 St. Mary's Hospital, so I will occasionally be  
5 called -- or did I say St. Mary's again?  
6 Q. Yes, you did.  
7 A. Meriter Hospital --  
8 Q. Okay.  
9 A. -- to see patients there as well.  
10 Q. Okay. And just to help my  
11 understanding of how the different  
12 organizations are related to each other, do you  
13 see patients at the University of Wisconsin  
14 School of Medicine and Public Health separate  
15 from these other institutions?  
16 A. The School of Medicine and Public  
17 Health is really -- I guess these are all like  
18 partnerships. The School of Medicine and  
19 Public Health is the medical school and the  
20 other entity is under that.  
21 So I -- I did my medical school  
22 there when it was still UW medical school, and  
23 then I take all of the students from there to  
24 see patients at the hospital.  
25 Q. Okay.

1 BARBARA KNOX, M.D.  
2 a full disclosure of how we work.  
3 Q. Okay. Thank you.  
4 And you practice at those as a  
5 general pediatrician and a child abuse  
6 pediatrician, correct?  
7 A. I do, but I would say that the bulk  
8 of my practice is child abuse pediatrics at  
9 this point.  
10 Q. Okay. When you say "the bulk,"  
11 what percentage of your practice would you say  
12 is child abuse pediatrics?  
13 A. I am full-time, 100 percent child  
14 abuse pediatrics. But in that realm, you see a  
15 lot of general pediatrics that you also treat.  
16 So I'm also treating constipation, a typical  
17 general pediatric condition, ear infections,  
18 all that other stuff within my own patient  
19 population.  
20 So I may be asked to consult for  
21 general pedia -- or for child abuse pediatrics,  
22 and in reality you may be -- you may do a chunk  
23 of change of general pediatrics as well.  
24 Q. Okay.  
25 A. So there's definite overlap.

1 BARBARA KNOX, M.D.  
2 A. We occasionally cross over into  
3 adult land every so often. So UW Hospital,  
4 which has not been mentioned, when there are  
5 individuals who are profoundly, developmentally  
6 delayed --  
7 Q. Okay.  
8 A. -- and have the cognitive capacity  
9 of a child and someone is concerned about  
10 maltreatment, I will occasionally float over  
11 and see those patients.  
12 But, otherwise, the bulk of my  
13 patient practice is at the UW American Family  
14 Children's Hospital.  
15 But there is a caveat with my  
16 program. I do take outside cases where I  
17 analyze the cases as well. And so those cases  
18 are ones where I may not always see the patient  
19 but may be asked to serve as an expert, as an  
20 outside expert on cases.  
21 However, I have also made them bring  
22 the patient to me from other states as well for  
23 exam at the hospital.  
24 Q. Okay.  
25 A. So hopefully that clarifies that in

1 BARBARA KNOX, M.D.  
2 Q. Okay. Thank you.  
3 And on average, how many weeks in a  
4 year do you see patients.  
5 A. All weeks. In fact, I was 24/7 call  
6 for eight years.  
7 Q. Okay.  
8 A. I -- right now I see patients full  
9 time. So my physician assistant technically  
10 covers two days a week, and I do the remaining  
11 three, but we typically overlap on all  
12 patients.  
13 Q. Okay.  
14 A. So -- so I am -- whenever -- I don't  
15 have weeks off of nonservice as other  
16 physicians do.  
17 Q. Okay.  
18 A. I am -- I am the one and only child  
19 abuse physician, so I see them all.  
20 Q. Okay. And you said that you see  
21 patients three days a week, is that correct?  
22 A. I actually see them -- it -- it  
23 depends on three to five days a week.  
24 Q. Okay.  
25 A. And then now I'm down to one weekend

1 BARBARA KNOX, M.D.  
2 a month call down from full --  
3 Q. Okay.  
4 A. -- after eight years. And so I do  
5 one weekend a month and then one night a week.  
6 But I back everybody else up the remainder of  
7 the 365 days that are left.  
8 Q. Okay.  
9 MR. WIESNER: Hey, excuse me one  
10 second. I hate to chime in. Do you mind  
11 if we take a ten-minute break quick?  
12 MS. ZUREICK: Can we just finish  
13 this line of questioning quickly, just  
14 another ten minutes or so.  
15 MR. WIESNER: Sure.  
16 MS. ZUREICK: Thank you.  
17 BY MS. ZUREICK:  
18 Q. Okay. And in an average day, how  
19 many patients do you see?  
20 A. That's a loaded question. I would  
21 love to be able to give you a number. However,  
22 it varies, ebbs and flows, with the season, the  
23 full moon, you name it. It depends. Some  
24 months we will peak and see a huge percentage  
25 of patients. Other times I might go a week and

1 BARBARA KNOX, M.D.  
2 return to this. So we'll return in about  
3 ten minutes.  
4 THE VIDEOGRAPHER: This concludes  
5 Tape 1 of Dr. Barbara Knox. We're off the  
6 record at 10:27 a.m.  
7 (Whereupon, a recess was had  
8 from 10:27 a.m. to 10:43 a.m.)  
9 (Whereupon, Mr. Wiesner left the  
10 proceedings telephonically and Mr. Knott  
11 entered the proceedings telephonically.)  
12 THE VIDEOGRAPHER: This is the  
13 beginning of Tape 2 of Dr. Barbara Knox.  
14 We're on the video record at 10:43 a.m.  
15 BY MS. ZUREICK:  
16 Q. You said that you see about 200 to  
17 300 patients a year, correct?  
18 A. Correct.  
19 Q. How many of these are patients you  
20 see for suspected child abuse maltreatment?  
21 A. Well, they all would be by coming  
22 into the program because I'm 100 percent child  
23 abuse pediatrics at this point.  
24 Q. Okay.  
25 A. And that includes the outside cases.

1 BARBARA KNOX, M.D.  
2 not have any, or I -- I might get outside case  
3 consults and not have any, you know, physical  
4 patients at the hospital. It ebbs and flows.  
5 You can't predict on any given day what's going  
6 to come in the door.  
7 Q. Is there a week where you have --  
8 like a medium level caseload, how many patients  
9 would that be?  
10 A. How about this? Let's talk about  
11 overall yearly numbers.  
12 Q. Okay.  
13 A. I see approximately -- it depends on  
14 any given year. You know, the -- the child  
15 protection program probably sees on average  
16 somewhere around 2 to 300 patients a year.  
17 Q. Okay.  
18 A. And that's -- that would then  
19 encompass some of these outside cases that are  
20 done as well.  
21 Q. Okay. So you see about 200 to 300  
22 patients a year, is that correct?  
23 A. Yes.  
24 MS. ZUREICK: Okay. I think now is  
25 a good time to take a break and we'll

1 BARBARA KNOX, M.D.  
2 Q. Okay. Okay. And do you treat  
3 pregnant females in your practice?  
4 A. No.  
5 Q. Okay.  
6 A. They -- every so often I do have a  
7 pregnant female who is a child --  
8 Q. Okay.  
9 A. -- who does come into the program,  
10 but I'm not providing the prenatal care for  
11 that person. So I do technically treat  
12 pregnant women, just not for prenatal care.  
13 Q. Okay. What do you treat them for?  
14 A. Suspected child maltreatment.  
15 Q. And are they the children who you --  
16 who one thinks might have been maltreated? Are  
17 you seeing --  
18 MS. KECKHAVER: Objection.  
19 MS. ZUREICK: Strike that. I'll  
20 clarify.  
21 BY MS. ZUREICK:  
22 Q. When you see a pregnant female  
23 patient who's a minor, are you seeing them  
24 because they might be the victim of child  
25 maltreatment?

1 BARBARA KNOX, M.D.

2 A. Correct.

3 Q. Okay. Have you treated any pregnant  
4 patients where you were concerned that they  
5 were using or had been using drugs or alcohol  
6 while pregnant?

7 A. I don't believe in -- in the  
8 referrals to the child protection program that  
9 I've had one who was pregnant that I was  
10 concerned about using drugs or alcohol because  
11 the youngest who I treated that was pregnant  
12 was nine.

13 Q. Okay.

14 A. So...

15 Q. Did you have any that you believed  
16 had been using drugs or alcohol, but you were  
17 not concerned about their use?

18 A. No, I would never have that case.

19 Q. Okay. Thank you.

20 Please turn to back to Exhibit 116,  
21 your expert report. I'd like to direct your  
22 attention to paragraph 2 where you say, "I have  
23 hospital appointments at UW Hospital, UW  
24 American Family Children's Hospital, Meriter  
25 Hospital, and St. Mary's Hospital in Madison,

1 BARBARA KNOX, M.D.

2 Wisconsin. At each of these facilities, I  
3 evaluate children who are suspected victims of  
4 child maltreatment. This includes evaluating  
5 children, including unborn children, who may be  
6 drug endangered children."

7 Is that correct?

8 A. Correct.

9 Q. And what is a drug endangered unborn  
10 child?

11 A. Exactly what you say, a child in  
12 which someone is concerned that the fetus is  
13 being harmed by some type of substance.

14 Q. Okay. And when you say "someone is  
15 concerned," who is that someone?

16 A. It varies. It could be the patient  
17 herself. It could be law enforcement. It  
18 could be Child Protective Services. It could  
19 be -- it could be the attorney for an unborn  
20 CHIPS case, et cetera.

21 Q. Okay. And you said concerned about  
22 potential harm from some kind of substance,  
23 correct?

24 A. Correct.

25 Q. What kinds of substances?

1 BARBARA KNOX, M.D.

2 A. Well, the typical ones that I deal  
3 with are street drugs and alcohol, but there  
4 are others, such as K2, which is, you know,  
5 the -- the form of -- K2 Spice and Bath Salts  
6 are at times legally available in the state of  
7 Wisconsin in which people also ingest those  
8 substances while pregnant and that also can  
9 cause significant harm.

10 Q. And when you say drug endangered  
11 unborn child, is that a commonly accepted  
12 medical term?

13 A. Yes, I would say that it is a  
14 commonly accepted term in child abuse  
15 pediatrics. It's part of our training and  
16 experience and ones in which we would  
17 potentially comment in our reports.

18 Q. Okay. And in what context are you  
19 evaluating these unborn children?

20 A. It's typically based upon outside  
21 case reviews where the counties are calling me  
22 many times after they have gotten a referral  
23 from someone in regards to a pregnant woman  
24 where there is concern about the unborn fetus,  
25 and those would be the cases that I would

1 BARBARA KNOX, M.D.

2 primarily consult on.

3 Q. Okay. Do you consider the pregnant  
4 women in these cases your patients?

5 A. No.

6 Q. Okay. And do you consider the,  
7 quote, "unborn child" to be your patient?

8 A. Not my patient.

9 Q. Okay.

10 A. I consider myself to be consulting  
11 on the case entity itself.

12 Q. Okay. Okay. What is the process  
13 for evaluating an unborn child who may be drug  
14 endangered?

15 A. That is a question for which I will  
16 give you a two-prong answer.

17 Q. Okay.

18 A. The person who is the OB, if they  
19 are concerned about drug endangerment and this  
20 is their patient, they may be ordering  
21 ultrasounds and other tests on the developing  
22 fetus to see how the fetus is developing and to  
23 look for any potential birth defects that may  
24 show up on ultrasound or additional imaging  
25 should they need it, including looking at, you

1 BARBARA KNOX, M.D.

2 know, heart defects, et cetera.

3 For myself, I am typically asked to  
4 get involved in these cases to look at what is  
5 being disclosed as being used, so what is the  
6 substance that is being disclosed as being used  
7 or substances, because many have poly substance  
8 use and abuse, and then look at what does the  
9 literature say about these specific drugs and  
10 outcomes to the -- the children.

11 And so I -- I really like to know  
12 what's being disclosed as the drug or drugs or  
13 alcohol, and I also like to know what's the  
14 quantity at which they're reporting use, when  
15 are they reporting use, et cetera, how  
16 frequently, any medical testing that's been  
17 done on the mother that would confirm her  
18 self-reports or others' concerns about this,  
19 et cetera. And all of these pieces and others  
20 go in to looking at risk assessment.

21 Q. Okay. Do you personally evaluate  
22 the pregnant women in these cases?

23 A. No.

24 Q. Okay. And what sort of records do  
25 you look at in conducting this evaluation?

1 BARBARA KNOX, M.D.

2 A. It depends. Some of the times the  
3 counties will ask me to specifically look at a  
4 mother's records and comment on them.

5 At other times counties are asking  
6 me to specifically look at information that has  
7 been given to them and make a recommendation  
8 off the information that is presented to me.

9 Q. Okay. And so is it fair to say that  
10 the records that you look at are generally  
11 those that the county gives you in these cases?

12 A. Yes.

13 Q. And then is it fair to say that the  
14 records that you look at in making this  
15 evaluation varies based on what the county has  
16 to give you?

17 A. Yes.

18 Q. Okay. And so when you're  
19 evaluating, you mentioned, quantity of use when  
20 drug or alcohol -- when a substance is used and  
21 how frequently, is that all information that  
22 comes to you from the county?

23 A. Most of the time. Some of it may  
24 come from law enforcement or other entities,  
25 but most of the time it's the county.

1 BARBARA KNOX, M.D.

2 It really depends, case specific, on  
3 who's the multidisciplinary team looking at the  
4 case?

5 Q. Okay.

6 A. You know, who's been involved with  
7 it?

8 Some of the times they team with law  
9 enforcement; some of the times they don't. You  
10 know, and like I said, I've have them come just  
11 from law enforcement. I've also had other ones  
12 where, you know, the medical providers are  
13 looking at it.

14 Q. Okay. And so is it correct that you  
15 do not yourself conduct any tests to determine  
16 whether the pregnant woman actually used any  
17 substances?

18 MS. KECKHAVER: Object to the form  
19 of the question, vague.

20 BY MS. ZUREICK:

21 Q. You can answer.

22 A. No, because of the fact that I am  
23 not treating that mother --

24 Q. Okay.

25 A. -- that patient. That's not my

1 BARBARA KNOX, M.D.

2 patient, so I'm looking at records provided to  
3 me only.

4 Q. Okay. Thank you.

5 And you mentioned that there is a  
6 role for OB/GYNs in evaluation of potentially  
7 drug endangered unborn -- quote, unborn  
8 children, correct?

9 A. Yes.

10 Q. Do you work specifically with these  
11 OB/GYNs in conducting your part of the  
12 assessment?

13 A. No, I don't, because typically these  
14 are cases that are coming to me from elsewhere.

15 Q. Okay.

16 A. So it's not -- it's not the OB/GYN  
17 who's asking me to look at it. And so I -- I  
18 work with the people who are asking me to  
19 assess the case.

20 Q. Okay. And do you know if an OB/GYN  
21 is always consulting on these cases?

22 A. I don't know.

23 Q. Okay. To your knowledge, do they  
24 sometimes consult on these cases?

25 A. I -- you know, there are times where

1 BARBARA KNOX, M.D.

2 OB/GYNs have -- have seen the patient. They  
3 may be referring the patient, but I'm not  
4 sitting down with them in a multidisciplinary  
5 team that I can recall getting that  
6 information.

7 Typically these cases have one  
8 person who contacts me about it, and then we  
9 may or may not discuss it as a  
10 multidisciplinary team, but I cannot recall  
11 ever sitting in on one with an OB/GYN present.

12 Q. Okay. So is -- is it correct to say  
13 that OB/GYNs are not generally included in  
14 these multidisciplinary teams?

15 A. I would say that is correct, but I  
16 would also say that I don't know that anyone  
17 has invited them.

18 Q. Okay.

19 A. So...

20 Q. Thank you.

21 Okay. In conducting this  
22 evaluation, do you assess whether the pregnant  
23 woman habitually lacks self-control in the use  
24 of alcohol or controlled substances or any  
25 substance, for that matter?

1 BARBARA KNOX, M.D.

2 A. I'm not quite sure what you mean by  
3 "habitually lacks self-control." Please  
4 explain to me what your definition of -- of  
5 asking me the question "habitually lacks  
6 self-control" means.

7 Q. So please turn -- I'd like to  
8 direction your attention to Exhibit 116 again.

9 A. Okay.

10 Q. Okay. Please look at Page 2,  
11 paragraph 6, first paragraph underneath the  
12 heading "Prenatal Alcohol Exposure."

13 A. Okay.

14 Q. Okay. And what is this  
15 paragraph regarding? You can take a minute to  
16 look at it.

17 (Witness viewed said document.)

18 THE WITNESS: Okay.

19 BY MS. ZUREICK:

20 Q. Okay. And does this  
21 paragraph concern a case that you consulted on?

22 A. Yes.

23 Q. Okay. Please take a look at the  
24 last sentence of the paragraph.

25 A. Yes.

1 BARBARA KNOX, M.D.

2 Q. It reads, "Additionally, per my  
3 clinical training and experience, this," this  
4 situation you describe above, "puts the child  
5 at high risk of fetal alcohol syndrome/fetal  
6 alcohol spectrum disorders due to the mother  
7 habitually using alcohol during the  
8 pregnancy..."

9 In that sentence, what do you mean  
10 by the term habitually using alcohol during  
11 pregnancy?

12 A. That's a very interesting question.  
13 She was by report .5 at the time that she was  
14 found.

15 I can tell you -- I don't know about  
16 you, but I can tell you that if I was .5 on any  
17 given day, I would be dead on the bell spectrum  
18 curve of people in looking at blood alcohol  
19 levels, because that is really where you get  
20 into alcohol poisoning and fatal alcohol  
21 poisoning.

22 So the point is is that if you're at  
23 .5, you're really living there if you're alive  
24 for a good majority of the time.

25 So when I say "habitually using

1 BARBARA KNOX, M.D.

2 alcohol," she has to be habitually using  
3 alcohol or she would be virtually dead at this  
4 point, because .5 on the bell curve is really  
5 where you're looking at -- at fatal alcohol  
6 poisoning.

7 Q. So could habitual use of alcohol or  
8 another substance just mean one use of that  
9 substance?

10 A. Not in this case for this woman. I  
11 mean, she -- this actually was not the only  
12 time that she was found down --

13 Q. Okay.

14 A. -- during this pregnancy. So -- so  
15 there was actually care sought once before on  
16 this. And when you look at this case, you're  
17 living there.

18 Q. So in general, when you use the term  
19 "habitual," though, does that mean multiple  
20 uses?

21 A. It depends upon how I use it. In  
22 this sentence, I am saying that I had knowledge  
23 that this was not the first time during this  
24 specific pregnancy that she was passed out  
25 during the pregnancy. She also had entered

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1 BARBARA KNOX, M.D.  
2 treatment at one point before.

3 And when you look at this case, I  
4 did comment that she has to be a habitual  
5 alcohol user in order to be alive at .5.

6 Q. I see.

7 And so would you say that habitual  
8 lack of self-control in use of alcohol or  
9 another substance, is that a medical term?

10 A. I would say that habitual use may be  
11 used in medical documentation. I have  
12 clarified how I've used it in this sentence. I  
13 can't clarify it generally because it depends  
14 upon how it's being used in any given term.

15 Q. Okay. Do you know other physicians  
16 who use that as a medical term?

17 A. I can't speak to what other  
18 physicians do. I can tell you that here, I  
19 certainly commented on habitual use based upon  
20 her blood alcohol level and my knowledge that  
21 this was not the first time.

22 Q. Okay. Thank you.

23 And is the term "habitual lack of  
24 self-control" defined in any authoritative  
25 medical treatises or other sources?

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1 BARBARA KNOX, M.D.

2 A. Where is habitual lack of  
3 self-control? I don't see that anywhere.  
4 Please define for me what you mean by "habitual  
5 lack of self-control."

6 Q. So what I'm asking is, have you seen  
7 this term generally, "habitual lack of  
8 self-control," with regard to the use of  
9 alcohol or controlled substances defined in any  
10 authoritative medical sources?

11 A. To clarify your statement to me, is  
12 that in general or specific to this report?

13 Q. In general, have you seen it in  
14 general defined in any authoritative medical  
15 treatises or other sources?

16 A. I can't recall.

17 Q. Okay. Thank you.

18 To your knowledge, is the term  
19 "habitual lack of self-control" with respect to  
20 alcohol or controlled substances a clinical  
21 diagnosis?

22 A. I -- please repeat your question.  
23 Let me listen to it here.

24 Q. Okay.

25 ///

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1 BARBARA KNOX, M.D.  
2 (The reporter read the record as  
3 requested.)

4 THE WITNESS: I can't say.  
5 BY MS. ZUREICK:

6 Q. Okay.

7 A. I don't know. I didn't use it  
8 myself.

9 Q. Okay. When you use it in your  
10 expert report, do you use it as a clinical  
11 diagnosis -- to indicate the clinical  
12 diagnosis?

13 A. Please tell me where I've used that  
14 statement. I don't see that statement.

15 Q. In...

16 So this, as you -- this is the  
17 language in the law, habitual lack of --  
18 habitually lacking self-control in the use of  
19 alcohol beverages, controlled substances, or  
20 controlled substance analogs, in Act 292 of  
21 Wisconsin.

22 A. Okay.

23 Q. When that term is used in the law,  
24 in your opinion, is it a medical term?

25 A. I would say -- I would say it

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1 BARBARA KNOX, M.D.

2 depends upon how you interpret it. I do not  
3 see that as a medical diagnosis.

4 Q. Okay. And when you're conducting an  
5 evaluation of what is suspected to be a drug  
6 endangered, quote, unborn child, do you assess  
7 whether there's a substantial risk to the  
8 physical health of that, quote, unborn child?

9 A. Yes, I absolutely did in this case,  
10 and I said this child has a very high risk --  
11 this fetus has a very high risk of ending up  
12 dead.

13 Q. Okay. And do you make that  
14 assessment generally when you are evaluating  
15 potentially drug endangered, quote, unborn  
16 children?

17 A. I make any statement based upon the  
18 specifics of the case that is given to me.

19 So, as I said before, I look at all  
20 of the individual pieces of those cases,  
21 including what is the substance or substances  
22 that are reported being used; how often is the  
23 person reported to be using; when was the last  
24 use for the person; what are the levels, if  
25 any, that have been detected.

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1 BARBARA KNOX, M.D.

2 If you're .5, you have a very high  
3 likelihood of yourself ending up dead and  
4 taking the fetus with you. So in this case, I  
5 said very high risk of death to the fetus.

6 Q. Okay. In other cases that you've  
7 looked at, do you evaluate a substantial risk  
8 to the physical health of the fetus?

9 A. Sure.

10 Q. And how do you do that?

11 A. Depends upon all of the criteria  
12 that I just listed out.

13 Q. Okay.

14 A. It's individualized for every single  
15 case because it depends upon what substance or  
16 substances are being discussed, the volumes,  
17 the quantities, et cetera. You know, there's  
18 so many different pieces that go into looking  
19 at any one case and looking at risk.

20 Q. Okay. Thank you.

21 Do you ever formulate treatment  
22 plans for the women who are carrying the  
23 fetuses that you evaluate for drug  
24 endangerment?

25 A. No.

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1 BARBARA KNOX, M.D.

2 Q. And when you conduct these  
3 evaluations, what actions do you take after you  
4 conduct the evaluation?

5 A. I evaluate them for the county, and  
6 then it depends on if the county asks me for  
7 any further report, if they want a written  
8 report or if they want testimony or they may  
9 not need anything else.

10 Q. Okay. Just to return to the  
11 language of Act 292 again. We had talked about  
12 whether you assess whether pregnant women  
13 habitually lack self-control in the use of  
14 alcohol or controlled substances.

15 Do you also evaluate whether they  
16 habitually lack self-control to a severe  
17 degree?

18 A. So here's what I'll tell you, to  
19 answer that question. If you are, in this  
20 case, .5 and you've previously been  
21 hospitalized as well or you previously have had  
22 EMS at your house because you were passed out  
23 as well and also about equally as high, you are  
24 a habitual user; you clearly have a problem  
25 with lack of self-control.

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1 BARBARA KNOX, M.D.

2 So in that case, I might make that  
3 statement. In other cases, it depends upon the  
4 individual case for which I would make that  
5 statement or not, like I said.

6 So might I use those words? Might I  
7 spit back out something to that effect? Maybe.  
8 It depends upon the case.

9 Q. Okay. And what sort of factors in  
10 other cases, besides this one that you discuss  
11 in your expert report, would you look to to  
12 make that evaluation?

13 A. Everything that I already said.

14 Q. Okay. Thank you. Thank you for  
15 clarifying that.

16 Okay. And is it -- in your  
17 experience, is it common for a pediatrician to  
18 evaluate what you call an unborn child for  
19 possible drug endangerment?

20 A. Child abuse pediatricians, yes.  
21 This is part of what we do.

22 Q. Okay. Thank you.

23 Okay. Please -- I would like to  
24 direct your attention again back to your expert  
25 report, Exhibit 116, at paragraph 5, which is

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1 BARBARA KNOX, M.D.

2 on the second page.

3 You state that, "In 10 years of  
4 practice as a child abuse pediatrician, I have  
5 evaluated hundreds of children with concern of  
6 child maltreatment," is that correct?

7 A. Yes.

8 Q. Okay. And you state several  
9 involved assessing risk to an unborn child  
10 secondary to a parent with substance use/abuse  
11 during pregnancy.

12 How many are several cases?

13 A. I don't count them up. I get, you  
14 know, like I said, a handful of these a year.  
15 I would say in ten years' time, I probably --  
16 depending upon any given year, you probably get  
17 about a handful of them.

18 Over time, I would say that I have  
19 had in 10 years' time less than 20 calls on  
20 these cases for these specifics of something  
21 that the county deems so significant that  
22 they're asking for my assistance with an unborn  
23 CHIPS.

24 I cannot tell you how many other  
25 cases the counties may do. I can only tell you

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1 BARBARA KNOX, M.D.  
 2 what they're asking me about.  
 3 Q. Okay. Thank you.  
 4 And in the less than 20 cases that  
 5 you have seen, are these -- these are -- these  
 6 include the ones that are described in your  
 7 expert report, is that correct?  
 8 A. Yes.  
 9 Q. Okay. And there are others besides  
 10 those described --  
 11 A. Yes.  
 12 Q. -- in your expert report, correct?  
 13 A. Yes.  
 14 Q. Okay. Thank you.  
 15 Using one of the cases not described  
 16 in your expert report as an example and without  
 17 divulging any personal confidential  
 18 information, could you describe how you go  
 19 about evaluating an unborn child for drug  
 20 endangerment?  
 21 A. I think we've already done that. I  
 22 think we have. We've talked about the fact  
 23 that someone will provide me with all of the  
 24 information. I may get medical records. I may  
 25 get laboratory evaluations. I may have the

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1 BARBARA KNOX, M.D.  
 2 Q. Did you receive any training during  
 3 your fellowship on prenatal exposure to  
 4 alcohol?  
 5 A. Yes.  
 6 Q. Okay. Any training related to  
 7 prenatal exposure to tobacco?  
 8 A. Yes.  
 9 Q. Okay. And --  
 10 A. We covered every single drug in  
 11 fellowship.  
 12 Q. Okay.  
 13 A. You had to because they're all on  
 14 the board exam --  
 15 Q. Okay.  
 16 A. -- or it's part of the content  
 17 specifications, so they have to cover every  
 18 single one of them.  
 19 Q. Okay. Thank you.  
 20 Okay. Turning to Exhibit 117 --  
 21 A. I don't have 117 here.  
 22 Q. It should be your updated CV.  
 23 A. Oh.  
 24 Q. Where did my copy go?  
 25 You completed your residency in 2005

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1 BARBARA KNOX, M.D.  
 2 counties meet with me.  
 3 So it's based upon the information  
 4 that is provided to me when I'm looking at all  
 5 of those additional pieces, the sub -- the  
 6 substance or the substances, is there anything  
 7 that independently confirms what the reports  
 8 are, et cetera, et cetera, and analyzing all  
 9 those pieces to determine level of risk.  
 10 Q. Okay. I'm going to direct your  
 11 attention again to Exhibit 116, your expert  
 12 report, going back to Page 1, paragraph 3.  
 13 A. Paragraph, which one?  
 14 Q. Paragraph 3.  
 15 A. Okay.  
 16 Q. Okay. And you note, speaking of  
 17 your fellowship in child abuse pediatrics at  
 18 Cincinnati Children's Hospital Medical Center,  
 19 you write, "As part of my fellowship training,  
 20 I received training on the medical evaluation  
 21 of prenatal and childhood exposure to  
 22 controlled substances including  
 23 methamphetamine, marijuana, opiates and  
 24 cocaine, correct?  
 25 A. Correct.

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1 BARBARA KNOX, M.D.  
 2 at the Mayo School of Graduate Medical  
 3 Education, correct?  
 4 A. Yes.  
 5 Q. Okay. During your residency, did  
 6 you receive any training on the medical  
 7 evaluation of fetuses who may have been exposed  
 8 to drugs or alcohol in utero?  
 9 A. There actually was some because when  
 10 you're studying all of the embryologic  
 11 developments and when you're studying heart  
 12 defects, et cetera, all of that comes into play  
 13 during your residency. You do look at what are  
 14 the teratogens and how that may affect the  
 15 overall development of the fetus.  
 16 Q. Okay. And --  
 17 A. We also provide all of the newborn  
 18 care as part of our residency training, so  
 19 we're present at all of the deliveries for  
 20 which, you know, information about, you know,  
 21 neonatal abstinence syndrome and withdrawal,  
 22 neonatal withdrawal of certain drugs, is  
 23 certainly something that we had to treat as  
 24 pediatric residents. And we had to be able to  
 25 diagnose it and treat it effectively in these

1 BARBARA KNOX, M.D.  
 2 children.  
 3 Q. Okay. And what sort of training --  
 4 could you describe in a little more detail what  
 5 training you received on conducting medical  
 6 evaluations of fetuses who may be exposed to  
 7 drugs or alcohol in utero?  
 8 A. Sure. The neonatologist absolutely  
 9 trained us as -- as residents on how to be able  
 10 to diagnose neonatal abstinence syndrome, how  
 11 to be able to effectively treat it. And then  
 12 we as residents had to assist in the medical  
 13 management of those cases.  
 14 Q. Okay. And did you conduct -- during  
 15 your time as a resident, did you conduct any  
 16 evaluations on a fetus while it was still in  
 17 utero?  
 18 A. No, because we took care of -- we  
 19 took care of the baby immediately after birth.  
 20 Q. Okay. And did you receive any  
 21 training on conducting an evaluation while the  
 22 fetus was still in utero?  
 23 A. An evaluation for what?  
 24 Q. For drug endangerment.  
 25 A. No, because that wasn't the focus of

1 BARBARA KNOX, M.D.  
 2 Q. Okay. And did they teach you how to  
 3 recognize these cases while the fetus was still  
 4 in utero?  
 5 A. Yes.  
 6 Q. And your -- did your training  
 7 consist of clinical work during your M.D.?  
 8 A. Yes.  
 9 Q. Okay. And did you get any -- did  
 10 you gain any clinical experience in conducting  
 11 a medical evaluation of a potentially drug  
 12 endangered fetus?  
 13 A. Yes.  
 14 Q. Okay. Could you describe that in  
 15 more detail?  
 16 A. Absolutely. When you're in the  
 17 outpatient clinic, you would see mothers who  
 18 clearly had substance use problems. And we  
 19 would watch the physicians evaluate them. We  
 20 would be trained on how to counsel them to --  
 21 to try and decrease their substance use and  
 22 abuse, try and get them to meet with social  
 23 workers to get them referred into treatment.  
 24 And if not and still clinically concerned, the  
 25 social workers were making referrals on these

1 BARBARA KNOX, M.D.  
 2 my residency training. I certainly got it in  
 3 fellowship training.  
 4 Q. Okay. Thank you.  
 5 And you completed -- moving on, you  
 6 completed your M.D. at the University of  
 7 Wisconsin School of Medicine, correct?  
 8 A. Actually, it was the University of  
 9 Wisconsin Medical School, to be technically  
 10 accurate.  
 11 Q. Okay. Thank you.  
 12 While completing your M.D., did you  
 13 receive any training on conducting a medical  
 14 evaluation of a fetus for drug endangerment?  
 15 A. Yes, in medical school you did  
 16 because that's part of what is done on your OB  
 17 rotation. And I conducted my OB rotation in  
 18 Milwaukee --  
 19 Q. Okay.  
 20 A. -- where there was a lot of it.  
 21 Q. Could you describe that training?  
 22 A. Again, it is the OB/GYNs and the  
 23 maternal fetal medicine physicians teaching us  
 24 as medical students how to be able to recognize  
 25 and respond to these cases appropriately.

1 BARBARA KNOX, M.D.  
 2 cases.  
 3 Q. Okay. What kind of referrals were  
 4 the social workers making?  
 5 A. Through child protection.  
 6 Q. Okay.  
 7 A. It depends upon the county of  
 8 origin.  
 9 Q. Okay. Thank you.  
 10 And you had mentioned earlier that  
 11 after you completed your fellowship in child  
 12 abuse pediatrics, you have undertaken ongoing  
 13 continuing medical training, correct?  
 14 A. Yes.  
 15 Q. Has any of that specifically been in  
 16 the medical evaluation of fetuses who are  
 17 exposed to drugs or alcohol in utero?  
 18 A. Yes, I did have to, you know, take  
 19 that as part of the board exam preparation  
 20 course.  
 21 Q. Okay.  
 22 A. And that was actually run through  
 23 the American Academy of Pediatrics. And they  
 24 had a whole session devoted to drug endangered  
 25 children for which prenatal substance use was

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1 BARBARA KNOX, M.D.  
2 also covered.  
3 Q. Okay. And what percentage of your  
4 preparation for the board exam concerned drug  
5 endangered children?  
6 A. Good question. I don't remember.  
7 They're all listed out by percentages. And if  
8 you were to ask me that question when it was  
9 closer to the boards, I could have told you  
10 because I knew it then. I don't recall now.  
11 Each one has a certain percentage of what the  
12 test is that it's given.  
13 Q. Okay. Thank you.  
14 And is that a complete list of the  
15 continuing medical education or training that  
16 you have received since your fellowship?  
17 A. Well, I'll tell you, a lot of my  
18 continuing medical education has also been in  
19 speaking with a lot of my colleagues and doing  
20 a lot of literature reviews on updated  
21 material. Because back in the day when I did  
22 fellowship, Spice, Bath Salts, they really  
23 weren't hot on the market. So there's new  
24 things that come out. There's new literature  
25 that comes out all the time looking at, you

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1 BARBARA KNOX, M.D.  
2 know, what is concerning and what isn't so  
3 concerning.  
4 So you have to stay abreast of all  
5 of it in order to make objective opinion -- or  
6 objective diagnoses in these cases.  
7 Q. Okay. I'm going to direct your  
8 attention back to Exhibit 117, your updated CV.  
9 Okay. And please look at Page 1 at  
10 the bottom of the page under "Certifications."  
11 It says that you have a drug  
12 enforcement agency certification, correct?  
13 A. Yes.  
14 Q. What is a drug enforcement agency  
15 certification?  
16 A. It's your DEA number so you can  
17 prescribe narcotics.  
18 Q. Okay. Thank you.  
19 And why did you seek this  
20 certification?  
21 A. Because as a physician, in total you  
22 have to prescribe narcotics or other controlled  
23 substances at times. So you can't do it unless  
24 the DEA says you can.  
25 Q. Okay. Now, please take back at

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1 BARBARA KNOX, M.D.  
2 Exhibit 116, your expert report. If you could  
3 turn to Exhibit A, your original CV, which is  
4 included in 116.  
5 A. Okay.  
6 Q. And just the first page of the CV.  
7 A. Say that again. Where am I supposed  
8 to be going here?  
9 Q. Absolutely. So you're in the right  
10 exhibit, Exhibit 116. And it's Section A,  
11 which is the next page, Page 1 --  
12 A. Okay.  
13 Q. -- bottom of the page.  
14 Okay. And please also have  
15 Exhibit 117, your updated CV next to it --  
16 A. Okay.  
17 Q. -- also looking under  
18 "Certifications."  
19 A. Sure.  
20 Q. So in Exhibit 116, your original CV,  
21 you listed a pediatric advanced life support  
22 certification, correct?  
23 A. Yes.  
24 Q. And is it correct that that  
25 certification is not included in Exhibit 117,

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1 BARBARA KNOX, M.D.  
2 your updated CV?  
3 A. Yes, because I'm trying to shore it  
4 up since it's getting long.  
5 Q. Okay.  
6 A. So I went through and -- since this  
7 one is getting ready for the next promotion, I  
8 started taking off things that really were  
9 irrelevant to me at this point.  
10 Q. Okay. And why is a pediatric  
11 advanced life support certification no longer  
12 relevant to you?  
13 A. Because I counseled on patients, so  
14 I'm not the person who is doing the  
15 resuscitation at this point. So I do not have  
16 to list that on my CV because I no longer -- I  
17 used to work at Meriter Hospital as well, and I  
18 used to do all of the newborn nursery on  
19 Fridays. And so I needed to be certified to do  
20 all of the resuscitations.  
21 I don't do resuscitations right now  
22 currently in my position because I'm not over  
23 at Meriter getting the babies handed to me. So  
24 it's not something that directly applies to my  
25 expertise at this point, so I don't feel that I

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1 BARBARA KNOX, M.D.  
2 need to keep listing it on the CV.  
3 Q. Okay.  
4 A. I mainly list these all the time so  
5 I know when I have to renew. And then when you  
6 list it, you also have to update it.  
7 Q. Right.  
8 A. So it's one less thing to update.  
9 Q. Looking at Page 2 of your original  
10 CV --  
11 A. Uh-huh.  
12 Q. -- in Exhibit 116, is it correct  
13 that you had listed neonatal resuscitation  
14 program instructor and neonatal resuscitation  
15 program certification on that?  
16 A. Yeah, same thing, you list it, you  
17 have to update it. They were basically  
18 ticklers for me to know when I needed to  
19 recertify.  
20 Q. Okay. That makes sense.  
21 And -- and it's correct, right, that  
22 those are no longer listed in your CV on  
23 Exhibit 117?  
24 A. Correct, because I need to thin it  
25 out.

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1 BARBARA KNOX, M.D.  
2 116, your original CV, your professional  
3 society memberships are listed on Pages 2 and 3  
4 of that document, correct?  
5 A. Yes.  
6 Q. And is it correct that Exhibit 117,  
7 your updated CV -- excuse me, I will rephrase.  
8 Is it correct that Exhibit 116, your  
9 original CV, lists state -- well, national,  
10 international, state and regional and local  
11 professional society memberships?  
12 A. Yes --  
13 Q. Okay.  
14 A. -- it is.  
15 Q. And is it correct that Exhibit 117,  
16 your updated CV, only lists national and  
17 international professional society memberships?  
18 A. Yes. So let me explain.  
19 Q. Okay.  
20 A. The woman who coordinates the  
21 promotion packets for UW actually, I believe,  
22 moved -- she put it in the -- the version that  
23 it needs to be for promotion to full professor.  
24 And she talked to me about this. I  
25 believe she moved the state and regional local

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1 BARBARA KNOX, M.D.  
2 Q. Okay. So is this for the same  
3 reason as why you no longer --  
4 A. Yes.  
5 Q. -- have pediatric advanced life  
6 support certification?  
7 A. Yes.  
8 Q. Okay. Thank you.  
9 Okay. Turning back to Exhibit 117,  
10 your updated CV. Please turn to Page 2 and  
11 take a minute to look at your professional  
12 society memberships that are listed on Pages 2  
13 and 3 and just tell me when you're done.  
14 A. Only on this one or am I supposed to  
15 compare it to the other one?  
16 Q. Take a look at Exhibit 117 first.  
17 A. Okay.  
18 Q. Okay. And then looking back at  
19 Exhibit 116, your --  
20 A. Wait a second. You said look at 117  
21 first?  
22 Q. Exactly.  
23 A. Okay.  
24 Q. Thank you.  
25 Now looking back at 116, Exhibit

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1 BARBARA KNOX, M.D.  
2 ones that I had listed out to the back of the  
3 CV under -- she felt that they were better  
4 listed out under service activities. So she  
5 listed them there because we wanted to get rid  
6 of any potential duplication that was present  
7 to thin this thing out.  
8 And so even though I am still  
9 members of all of these professional societies,  
10 they shifted to the back.  
11 Q. Okay.  
12 A. So I just want you to understand  
13 that this is in the promotion version, so  
14 there's many things that moved around.  
15 Q. Okay. Thank you for that.  
16 A. So please tell me we're not going to  
17 go through every little thing that moved  
18 because that might take five hours.  
19 Q. So let's just look at Exhibit 117  
20 now --  
21 A. Okay.  
22 Q. -- your updated CV.  
23 Taking a look at Page 2, your  
24 professional society memberships, is this a  
25 complete list of your national and

1 BARBARA KNOX, M.D.  
2 international professional society memberships?

3 A. Well, I hope it is at this point  
4 because this already went out to people to  
5 write letters. So as far as I know, this would  
6 hopefully be an accurate list.

7 Q. Okay. And could you identify which,  
8 if any, of these professional societies do work  
9 related to prenatal exposure to drugs or  
10 alcohol?

11 A. Sure. The American Academy of  
12 Pediatrics does.

13 The American Medical Association, I  
14 don't know how active they are in that, but I'm  
15 sure they probably have something going on with  
16 it.

17 The Ray E. Helfer Society of Child  
18 Abuse Physicians, that's all of us who are  
19 child -- who are board certified child abuse  
20 physicians for the most part. They certainly  
21 would be addressing this issue.

22 APSAC has also, I believe, looked at  
23 this issue. They certainly look at drug  
24 endangered children.

25 The SOCAN, the Section on Child

1 BARBARA KNOX, M.D.

2 Abuse and Neglect by the American Academy of  
3 Pediatrics, certainly would be something that  
4 they would look at. I -- I don't know about if  
5 they've ever come out with any policy statement  
6 on it, but it's certainly something addressed  
7 by the American Academy of Pediatrics.

8 And then I don't know about the  
9 Academy on Violence and Abuse, if they've done  
10 any work with that area specifically.

11 The Helfer Committee on Fatal and  
12 Severe Nonfatal Child Abuse and Neglect has  
13 not, to the best of my knowledge, focused on  
14 unborn exposure, but certainly it can come up  
15 with these fatal cases, but we haven't taken it  
16 as a focus.

17 And I don't recall the National  
18 Native American Law Enforcement Association  
19 looking at that.

20 Q. Okay. Have you been involved with  
21 any of these organizations that you just  
22 identified, their work on prenatal exposure to  
23 substance -- to controlled substances or  
24 alcohol or any substances?

25 A. Personally, I have not sat on their

1 BARBARA KNOX, M.D.  
2 national committees related to it, no.

3 Q. Okay. Thank you.

4 Please turn -- I'd like to direct  
5 your attention to Page 3, still on Exhibit 117.

6 Your -- this is a list of your  
7 honors and awards, correct?

8 A. Yes.

9 Q. Is this a complete list of your  
10 honors or awards?

11 A. I hope.

12 Q. Okay. So in 2007, you received an  
13 Outstanding Support Award from the Madison  
14 Police Department, correct?

15 A. Yes.

16 Q. Why did you receive this award?

17 A. Because I multidisciplinary team  
18 with them, and I was nominated by someone and  
19 selected to receive that award for outstanding  
20 multidisciplinary teaming interagency wide.

21 Q. Was this award specific to you, any  
22 work that you do on prenatal exposure to  
23 substances?

24 A. No.

25 Q. Okay. And what did the award

1 BARBARA KNOX, M.D.  
2 entail? Did you receive anything for this  
3 award?

4 A. I received a plaque.

5 Q. Okay.

6 A. It's hanging on my wall.

7 Q. Okay. We also notice in 2011 you  
8 received the Sheriff's Citizen Award from the  
9 Dane County Sheriff's Department, is that  
10 correct?

11 A. Yes.

12 Q. And why did you receive that award?

13 A. Again, it's -- it's  
14 multidisciplinary teaming on cases.

15 Q. Was that award related to any work  
16 that you did with Dane County on prenatal  
17 exposure to substances?

18 A. No, not to the best of my knowledge.

19 Q. What did receiving that award  
20 entail?

21 A. I got another plaque.

22 Q. Okay. Please turn again in  
23 Exhibit 117 to Page 7. And please look at  
24 Pages 7 through 8 under "Invited Research  
25 Presentations."

1 BARBARA KNOX, M.D.  
 2 (Witness viewed said document.)  
 3 THE WITNESS: Okay.  
 4 BY MS. ZUREICK:  
 5 Q. Okay. Thank you.  
 6 Actually, let's look a little more  
 7 broadly at also your "Educational Activities &  
 8 Presentations" that are listed --  
 9 A. Okay.  
 10 Q. -- after that, correct?  
 11 A. Yes.  
 12 Q. So you have a full -- is it correct  
 13 that this is a full list of presentations,  
 14 lectures that you've given?  
 15 A. Only for the national and  
 16 international. I still have more to add to the  
 17 regional -- the state and regional section.  
 18 But, you know, you can only get so many in.  
 19 Q. Okay. Could you please identify any  
 20 presentations or educational activities that  
 21 are related to work on pregnancy?  
 22 A. Pregnancy specific or unborn drug  
 23 exposure?  
 24 Q. Pregnancy specific.  
 25 A. Not on pregnancy.

1 BARBARA KNOX, M.D.  
 2 especially I put it in in some of the general  
 3 talks I give to the medical students,  
 4 residents, and other physicians and community  
 5 members when I'm out teaching, I'm going to go  
 6 with the ones that are only specific to that  
 7 topic.  
 8 So...  
 9 (Witness viewed said document.)  
 10 THE WITNESS: Okay. In 2004 --  
 11 BY MS. ZUREICK:  
 12 Q. Could you please direct me to what  
 13 page you're looking?  
 14 A. Page 13 under "State and Regional,"  
 15 this was 2004, "Methamphetamine Labs: What  
 16 Are The Effects On Our Children" --  
 17 Q. Okay.  
 18 A. -- at Mayo Clinic.  
 19 2004, "Methamphetamine Labs:  
 20 Assessing the Medical Risk," in Bloomington,  
 21 Minnesota.  
 22 2005, "The Walk-Away Drug:  
 23 Methamphetamine -- A Continuing Threat For  
 24 Youth," Mayo Clinic.  
 25 2005, "Methamphetamine: Assessing

1 BARBARA KNOX, M.D.  
 2 Q. Okay. And under "Educational  
 3 Activities & Presentations," are any of those  
 4 presentations specific to pregnancy?  
 5 A. No.  
 6 Q. And continuing on, any of your  
 7 presentations on Page 9 of your CV related to  
 8 pregnancy?  
 9 A. None are related to pregnancy.  
 10 There are some related to prenatal drug  
 11 exposure, which, if you're trying to clarify,  
 12 if it's pregnancy related, pregnancy related,  
 13 yes. Pregnancy itself, no, I don't discuss  
 14 pregnancy. I discuss drug exposure to the  
 15 unborn fetus.  
 16 Q. Okay.  
 17 A. And, yes, I do have some of those.  
 18 Q. Okay. Well, let's go through.  
 19 Could you please identify all of the  
 20 presentations that are listed in your CV that  
 21 relate to prenatal exposure to controlled -- to  
 22 drugs, controlled substances --  
 23 A. All right.  
 24 Q. -- or otherwise?  
 25 A. Though I may do it in other talks,

1 BARBARA KNOX, M.D.  
 2 Medical Risk For Drug Endangered Children,"  
 3 given to the Minnesota Department of Human  
 4 Services Child Welfare Training Seminar in  
 5 St. Paul.  
 6 April 26th of '06, "The  
 7 Methamphetamine Crisis: Assessing Medical Risk  
 8 to Children Living in a Drug Endangered  
 9 Environment," for the Wisconsin Regional Child  
 10 Abuse Conference.  
 11 October 10th of 2006, "Effects of  
 12 Drugs on Children's Physical and Emotional  
 13 Well-Being," the Wisconsin Stateside Drug  
 14 Endangered Children Conference in Stevens  
 15 Point.  
 16 April 29th of '08, "Medical  
 17 Information on Drug Endangered Children and  
 18 Unborn Child Exposure," for the Wisconsin Drug  
 19 Endangered Children Tribal Training Conference  
 20 in Keshena, Wisconsin.  
 21 "Case Planning With Children  
 22 Affected by Prenatal Substance Use," on  
 23 September 11th of 2009, for the Intertribal  
 24 Child Welfare Training Partnership Conference  
 25 in Wausau, Wisconsin.

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1 BARBARA KNOX, M.D.  
 2 July 8th of 2010, "Medical  
 3 Information on Drug Endangered Children and  
 4 Unborn Child Drug Exposure," to the Lafayette  
 5 County Drug Endangered Children Conference.  
 6 April 2nd of 2014, "Wisconsin  
 7 Drug En" -- or "Wisconsin Drug Endangered  
 8 Children." That was a co-presentation with  
 9 Special Agent Cindy Giese at the Statewide  
 10 Together For Children Conference.  
 11 And on July 30th of 2014, "The  
 12 Medical Evaluation of Drug Endangered Children:  
 13 Case Studies," for the Statewide Drug  
 14 Endangered Children Conference.  
 15 October 14th of 2015, "The Medical  
 16 Issues a Drug Endangered Child Faces," for the  
 17 Wisconsin Attorney General's 2015 Heroin and  
 18 Opiate Summit.  
 19 August 2nd of 2016, "The Medical  
 20 Evaluation and Testing of a Drug Endangered  
 21 Child."  
 22 August 23rd of 2007, "Identifying  
 23 the Effects of Substance Abuse on Pregnant  
 24 Women and Families." That was for the Greater  
 25 Cincinnati Area March of Dimes Regional

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1 BARBARA KNOX, M.D.  
 2 Conference in Kentucky.  
 3 I also addressed it July 19th of  
 4 2010 in "medical Issues For Attorneys in TPR  
 5 Cases."  
 6 I also discussed some drug  
 7 endangered children during the May 18th  
 8 of 2011, "Complicated cases: Medical Evidence  
 9 and Investigation in Cases of Child Abuse," at  
 10 the Utah Attorney General's Office for the  
 11 Children's Justice Center Program and the Utah  
 12 Prosecution Council.  
 13 It would have also been brought up  
 14 during the July 15th of 2014 "Medical Issues  
 15 for Attorneys in Dependency/TPR Cases" court  
 16 in Minnesota.  
 17 October 8th of 2015, "Drug  
 18 Endangered Children," for the 6th Annual Right  
 19 From the Start Conference in Macungie,  
 20 Pennsylvania, Understanding, Investigating, and  
 21 Intervening in Violence Against Women and  
 22 Children.  
 23 I did address it at the  
 24 "Non-accidental Child Injury Recognition" for  
 25 the United States Army Trial Counsel

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1 BARBARA KNOX, M.D.  
 2 Assistant -- Assistance Program's Expert  
 3 Symposium. I did speak briefly about drug  
 4 endangered children on March 3rd of 2016. That  
 5 was not a full talk on the subject, however.  
 6 And that looks like it's it.  
 7 May I take a bathroom break now?  
 8 BY MS. ZUREICK:  
 9 Q. One more question, please.  
 10 A. Okay.  
 11 Q. To your knowledge, are there any  
 12 transcripts, recordings of any kind, slide  
 13 shows, or other notes available for any of  
 14 these presentations?  
 15 A. No, because I don't allow that.  
 16 MS. ZUREICK: Okay. Thank you.  
 17 We -- we can take a break. Thank  
 18 you.  
 19 THE WITNESS: I'll be brief. If you  
 20 all want to stay here. Oops.  
 21 THE VIDEOGRAPHER: This concludes  
 22 Tape 2 of Dr. Barbara Knox. We're off the  
 23 record at 11:40 a.m.  
 24 (Whereupon, a recess was had  
 25 from 11:40 a.m. to 11:53 a.m.)

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1 BARBARA KNOX, M.D.  
 2 THE VIDEOGRAPHER: This is the  
 3 beginning of Tape 3 of Dr. Barbara Knox.  
 4 We're on the video record at 11:53 a.m.  
 5 BY MS. ZUREICK:  
 6 Q. Dr. Knox, I would like to direct you  
 7 back to Exhibit 117, your updated CV --  
 8 A. Okay.  
 9 Q. -- at Page 43, your service  
 10 activities.  
 11 A. Yes.  
 12 Q. And is this a complete list of your  
 13 service activities?  
 14 A. I hope. I hope.  
 15 Q. Okay. Do any of these service  
 16 activities address prenatal exposure to drugs  
 17 or alcohol, specifically your work on these  
 18 service committees?  
 19 A. Well, there should be somewhere in  
 20 here the Statewide Drug Endangered Children  
 21 Committee, I would assume. Wait. No.  
 22 Where is this?  
 23 It should be under state and  
 24 regional here somewhere.  
 25 Q. And is this -- is this the Wisconsin

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1 BARBARA KNOX, M.D.

2 Alliance for Drug Endangered Children Statewide  
3 Steering Committee that you list in paragraph 2  
4 of your expert report?

5 A. Yes. But where is it on here? Let  
6 me look.

7 So here's one for 2010 --

8 Q. Could you direct me to which page  
9 you're looking at?

10 A. Sure. Page 45 of Exhibit 117, 2010,  
11 the program co-director for the "Child Abuse:  
12 What Do We Know to Need Know?" Conference on  
13 Prenatal Drug Exposure for the greater Madison  
14 community.

15 And then -- I don't see -- am I  
16 missing it here? I just have to look here  
17 because we reshuffled this thing --

18 Q. It looks like it --

19 A. -- and I don't know where it went.

20 Q. It looks like it might have been  
21 excluded from the CV.

22 A. Let me just see where it was and  
23 see -- so there should have also been -- God, I  
24 wonder if these got deleted. Because there  
25 should have been the Wisconsin Attorney

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1 BARBARA KNOX, M.D.

2 General -- General's Heroin Summit. I was a  
3 committee member on that as well, which would  
4 be a regional one.

5 Oh, this is frustrating. I don't  
6 know. I can't find it on here, but I'm also  
7 part of the -- let me just see if it went  
8 someplace else on here.

9 Q. What organization are you looking  
10 for so we can note it for the record?

11 A. Statewide Drug Endangered Children's  
12 Task Force.

13 Q. Okay.

14 A. So I swear to God it's in here  
15 somewhere, but let me just see if it would have  
16 fallen on something else.

17 Q. Okay. That's fine. We can note it  
18 for the record that you're a member of the  
19 Wisconsin Alliance for Drug Endangered Children  
20 Statewide Steering Committee.

21 A. Yes.

22 Q. And that's reflected in your -- in  
23 Exhibit 116.

24 A. I don't know what the heck happened.  
25 Okay. Well, thanks for pointing that out to

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1 BARBARA KNOX, M.D.

2 me.

3 Q. No problem.

4 Are there any other service  
5 activities related to prenatal exposure to  
6 drugs or alcohol that are missing from your CV  
7 and you could note?

8 A. Well, I didn't think the other one  
9 was missing from it, but I think that those are  
10 the big ones to reflect.

11 Q. Okay. So you can't think of any  
12 others at this time?

13 A. No.

14 Q. Okay. So you've identified the  
15 Wisconsin Alliance for Drug Endangered Children  
16 Statewide Steering Committee, program director  
17 for "Child Abuse: What do we need to know?"  
18 Conference on Prenatal Drug Exposure --

19 A. Yes.

20 Q. -- and the Wisconsin Attorney  
21 General's Heroin Summit.

22 A. Yes.

23 Q. Are there any other service  
24 activities that involve work on prenatal  
25 exposure to drugs or alcohol?

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2 A. Well, I mean, we do touch on that  
3 subject in other areas. Like the Dane County  
4 Child Abuse Collaborative certainly touched on  
5 that, and that was, you know, part of what our  
6 work was. In fact, we dedicated a whole  
7 conference to it. So we were certainly  
8 touching on those aspects.

9 So, I mean, there are other entities  
10 within this where it comes up. It's just not  
11 the specific committee dedicated to it.

12 Q. Could you identify the -- the other  
13 ones where you have done some work related to  
14 that issue?

15 A. Well, sure. I mean, it comes up  
16 with -- you know, with the Dane County Child  
17 Death Review Committee.

18 Q. Okay.

19 A. You know, we certainly look at those  
20 cases when they involve prenatal substance  
21 abuse.

22 Statewide, some of the fatality  
23 cases that I also review involve issue of  
24 either prenatal or, you know, young child  
25 substance -- you know, substance issues where

1 BARBARA KNOX, M.D.

2 if they have been born, they might have  
3 overdosed somehow that led to a fatal overdose  
4 or a nonfatal overdose. But certainly these do  
5 get reviewed for the prenatal ones on the death  
6 review committees.

7 Q. Okay.

8 A. So that's a part of that.

9 Q. Okay.

10 A. Well, this was another one -- no, I  
11 guess -- let's see. Let me look here.

12 It certainly comes up as well with  
13 the -- I chair the State of Wisconsin  
14 Subcommittee on Child Abuse and Neglect. And  
15 it's a hot button issue for child protection  
16 and law enforcement, so we do occasionally  
17 address it there as well.

18 Q. Okay.

19 A. I mean, I think those are the  
20 biggest areas where it comes up.

21 It has been addressed for the  
22 Wisconsin Task Force on Children in Need over  
23 the years, which really looks at, you know,  
24 where the Department of Justice Children's  
25 Justice Grant Act is going to allocate

1 BARBARA KNOX, M.D.

2 resources to the state, and we certainly have  
3 addressed that issue as needing monies to  
4 certain counties.

5 Q. Okay.

6 A. And I think that's really kind of  
7 the biggest ones.

8 Q. Okay. What percentage, if you know,  
9 of your work with these service committees  
10 involves work with law enforcement?

11 A. Let me look at -- I'm going to kind  
12 of compare since apparently these things did  
13 not all move over. Let me compare my service  
14 committees.

15 So certainly for the child  
16 protection team at UW Hospital, if we do  
17 multidisciplinary case staffings, law  
18 enforcement can come to those.

19 Q. Okay.

20 A. For the Meriter child protection  
21 committee, there is a law enforcement  
22 representative on that for multidisciplinary  
23 teaming.

24 Q. Okay.

25 A. For the safe harbor steering

1 BARBARA KNOX, M.D.

2 committee, there is law enforcement  
3 representatives on that.

4 For the Dane County Child Death  
5 Review Team, there's typically also a law  
6 enforcement representative, because that's a  
7 multidisciplinary team.

8 For the Wisconsin Neglect Project,  
9 you know, there was always a law enforcement  
10 representative on that.

11 So for the Wisconsin Task Force on  
12 Children in Need that I sit on, there's a law  
13 enforcement representative there.

14 I think there's law enforcement on  
15 the Wisconsin Child Fatality Review Team.

16 And we already talked about the Dane  
17 County Child Abuse Collaborative.

18 So for the Wisconsin Child Abuse  
19 Prevention Board, there was a law enforcement  
20 representative, I believe, on that committee.  
21 I think it was somebody from the DOJ. Well,  
22 there would have been somebody from the DOJ on  
23 it.

24 Actually, I take that back. I think  
25 it was Tom Fallon. I'm trying to think. I

1 BARBARA KNOX, M.D.

2 can't remember if law enforcement was on that  
3 or not.

4 Q. Okay.

5 A. So for -- for the co-directorship of  
6 the Wisconsin Child Abuse Network, that is  
7 primarily investigator educational series  
8 between child protection and law enforcement to  
9 train up at the states' workforce.

10 So I think those are the big ones.

11 Q. Okay. Thank you.

12 Let's talk a little bit about the  
13 Wisconsin Alliance for Drug Endangered Children  
14 Statewide Steering Committee.

15 A. Yes.

16 Q. Tell me, what is your work on that  
17 committee? What is your role?

18 A. So I'm the statewide medical  
19 representative. So that is actually chaired by  
20 one of the special agents in charge from the  
21 Department of Justice and that was created out  
22 of that entity.

23 And the medical consultant to that  
24 program is actually the one who helps address  
25 the state when there are individuals who are

1 BARBARA KNOX, M.D.

2 asking for help regarding drug endangered  
3 children. So that can be unborn drug  
4 endangered children or that can be children who  
5 are already born and being drug exposed.

6 Q. Okay. And what is the mission of  
7 the -- of this committee, of the -- I'm sorry,  
8 of the Wisconsin Alliance for Drug Endangered  
9 Children?

10 A. I'm sure we have it written out  
11 somewhere. The mission is really to try and  
12 adequately protect children, both unborn and  
13 born, who may potentially be drug exposed  
14 somehow.

15 Q. Does the Alliance provide any  
16 services to such children?

17 A. Not directly to such children. The  
18 Alliance serves to educate, inform, train, and  
19 assist individual counties who would directly  
20 perform those services.

21 Q. Okay. So is it correct that their  
22 work is -- that the Alliance's work is  
23 primarily with counties in Wisconsin?

24 A. It's only Wisconsin. It's counties  
25 and the multifaceted arms of the counties.

1 BARBARA KNOX, M.D.

2 That may include law enforcement, child  
3 protection, you know, the multidisciplinary  
4 teams within each county to have memorandums of  
5 understandings created by individual counties  
6 of how they will address drug endangered  
7 children.

8 Q. Okay. How would you describe your  
9 accomplishments on the committee?

10 A. I would say that over the course of  
11 the time that I've been on the committee, we  
12 have worked to address the -- both the prenatal  
13 drug exposure and the postnatal drug exposure  
14 within the state to better the ability to  
15 address and hopefully address and better  
16 respond to these cases.

17 Q. Have you been involved in any  
18 trainings conducted through the Alliance?

19 A. Yes. So those would be the specific  
20 ones that we already listed out that have part  
21 of the Wisconsin Drug Endangered Children  
22 Conference associated with it.

23 Cindy Giese and I have co-spoken. I  
24 think we listed those out. We've co-spoken at  
25 the -- we've co-spoken at several of the drug

1 BARBARA KNOX, M.D.

2 endangered children conferences that have been  
3 held.

4 The Fond du Lac training that I  
5 mentioned that happened in 2016 was also part  
6 of that.

7 Q. Okay.

8 A. Cindy Giese and I have also  
9 co-presented at the Statewide Together for  
10 Children Conferences, which really has other  
11 entities that haven't come to the statewide DEC  
12 conferences addressed, so we can get the  
13 information disseminated.

14 Q. Okay. Does the Alliance promulgate  
15 any policies related to prenatal exposure to  
16 drugs or alcohol?

17 A. By "promulgate policies," tell --  
18 please clarify that statement for me.

19 Q. Do they develop any policies?

20 A. No policies specific have been  
21 developed for which I would -- I would classify  
22 as policies.

23 Q. Okay.

24 A. They have created guidelines for  
25 multidisciplinary team work on these cases.

1 BARBARA KNOX, M.D.

2 Q. Okay.

3 A. And there has also been information  
4 educated by me about how to medically evaluate  
5 these children when they have been born. We  
6 have also addressed the unborn drug endangered  
7 children as well.

8 Q. Has the Alliance put together any  
9 guidelines -- you say they addressed unborn  
10 children.

11 Do they have any guidelines on a  
12 medical evaluation of unborn children who may  
13 be drug exposed or alcohol exposed?

14 A. On unborn children, no. That was  
15 actually one of the missions of what we were  
16 looking at, was creating the unborn guidelines.

17 Q. Okay.

18 A. We have worked to disseminate some  
19 information from national DEC regarding other  
20 evaluations of children after birth who may be  
21 found in drug labs, et cetera.

22 Q. Okay. Why hasn't the Alliance  
23 developed or put forward these unborn  
24 guidelines?

25 A. Because it's a lot of work --

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2 Q. Okay.

3 A. -- to do. And I would be  
4 responsible for creating all of them. And I  
5 haven't had time to get them all put together,  
6 but it's definitely one of the missions that we  
7 are hopeful to accomplish.

8 Q. Okay. Has the Alliance issued any  
9 best practices?

10 A. No.

11 Q. Okay. Or have they issued any  
12 guidelines regarding Act 292 or UCHIPS cases?

13 A. No.

14 Q. Okay. Have any of the service  
15 activities you've been involved in issued best  
16 practices or guidelines with regard to Act 292  
17 or UCHIPS cases?

18 MS. KECKHAVER: Objection, compound.

19 THE WITNESS: No, we haven't issued  
20 formal "here's your best practice"  
21 guideline. We have not done that.

22 BY MS. ZUREICK:

23 Q. Okay. And have any of the service  
24 organizations issued any policies around  
25 prenatal drug or alcohol exposure?

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2 A. No policies. No guidelines.

3 Q. Okay.

4 A. Training, yes. No policies or  
5 guidelines.

6 Q. Okay. Okay. One more question on  
7 your CV.

8 You're a member of the UW Mandated  
9 Reporting Requirement Educational Committee --  
10 or you were, correct?

11 A. Yes. That was in response to Penn  
12 State. So that was Act, what is it, 54 or  
13 something. So we created all the UW material  
14 around that.

15 Q. Okay. So is it correct that that  
16 committee did not address any issues related to  
17 prenatal exposure to drugs or alcohol?

18 A. That was strictly in response to the  
19 Penn State issue where every university then  
20 went and created this.

21 Q. Okay. And for the record, could you  
22 just describe what the Penn State issue was?

23 A. Yes. Where in my CV is this? I  
24 just want to get the number right. I think it  
25 was Act 54.

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2 Q. It should be under your  
3 university -- on Page 43, last entry.

4 A. Okay. So the UW Mandated Reporting  
5 Requirement Educational Committee was in  
6 response to the -- the Gubernatorial Act that  
7 was signed, in which I think it was Act 54  
8 maybe. I can't recall.

9 So Penn State, in regards to the Joe  
10 Paterno and Sandusky sexual abuse, failure to  
11 report, stimulated many states to mandate  
12 reporting regarding suspected sexual abuse or  
13 assault.

14 Q. Okay.

15 A. So UW was absolutely part of that in  
16 response to the Sandusky issues at Penn State.  
17 And I was part of the committee that put  
18 together all of the UW mandated reporting  
19 requirements education for UW to fulfill that  
20 requirement out of whatever executive order it  
21 was. I think it was 54.

22 Q. Okay. Thank you. We can move from  
23 that now.

24 Okay. I would now like to direct  
25 your attention back to Exhibit 116, your expert

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1 BARBARA KNOX, M.D.

2 report and exhibits. If you could turn to the  
3 very back to your Exhibit B.

4 A. Where did I put that?

5 Q. It was attached to the original  
6 report.

7 A. Which one?

8 Q. "Exhibit B: Dr. Barbara L. Knox  
9 Legal Case Testimony and/or Case Involvement."

10 A. Yes.

11 Q. It is correct that you have  
12 testified in court?

13 A. Yes.

14 Q. And how many times have you  
15 testified in court?

16 A. I can't even tell you anymore. In  
17 2010 or '11, it was greater than 75 times I  
18 know for sure because I individually counted.  
19 After that I never bothered to keep track.

20 Q. Okay.

21 A. So at this point it's a lot. It's  
22 probably over 100, well over 100, but I can't  
23 give you an accurate number because I don't  
24 count them.

25 Q. Okay. So could you tell me how you

1 BARBARA KNOX, M.D.  
2 put together this document -- tell me, first of  
3 all, Exhibit B to Exhibit 116, excuse me, of  
4 your case testimony and your case involvement,  
5 can you tell me what this document is?

6 A. These are to be cases where I was  
7 subpoenaed to testify in a specific matter.

8 Q. Okay. And these are only cases in  
9 which you were subpoenaed to testify? Strike  
10 that question. Never mind.

11 Okay. To your knowledge, is this a  
12 full and complete list of cases in which you've  
13 testified?

14 A. I -- when I put this together, I did  
15 the best that I could looking at specific cases  
16 where I was specifically subpoenaed or ones  
17 that -- that I had testified in the cases.

18 And I did not list out names of  
19 these because some of these involved minors,  
20 but I can tell you that for the majority of  
21 these, I believe I had testified at trial --

22 Q. Okay.

23 A. -- or the vast majority.

24 Q. And you note in your expert report,  
25 in Exhibit 117 [sic], in paragraph 4, you note

1 BARBARA KNOX, M.D.  
2 that, "...this exhibit may not include all of  
3 the cases I have testified in."

4 A. Right.

5 Q. Do you have an estimate of how many  
6 other cases you've testified in?

7 A. You know, I never really kept track  
8 of the bill revocation hearings and all that  
9 other stuff. I mean, family court I tracked as  
10 best I could.

11 So as best I can account, it is over  
12 100. Beyond that, I can't say.

13 Q. Okay. Are there any particular  
14 categories of cases you have left out of this  
15 document?

16 A. You know, for -- for some of the  
17 CHIPS pieces and some of the juvenile pieces, I  
18 can't say that these are listed out in here  
19 because I didn't specifically track those  
20 cases. I mainly tracked the criminal cases  
21 because the university was billing out for  
22 those at that time. So it's the best I can do  
23 for what you've asked me for.

24 Q. Okay. What types of cases have you  
25 testified in?

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2 A. So definitely criminal court, also  
3 family court. I've also testified in bill  
4 revocation hearings.

5 I have also testified in -- I've  
6 been subpoenaed to federal court on child  
7 pornography cases. And I'm trying to recall.  
8 I don't think any of those ever went to full  
9 trial.

10 I've testified -- what else?

11 Q. And have you testified in any child  
12 in need of protected services or CHIPS cases?

13 A. Yes.

14 Q. Okay.

15 A. But those are not -- I do not --  
16 those are a little bit harder because I don't  
17 think I ever really fully tracked all of those  
18 because those were more family court. So I  
19 know that I have. I can't specifically tell  
20 you when.

21 Q. Okay. Do you have an estimate of  
22 how many CHIPS cases you've testified in?

23 A. I could not tell you honestly  
24 because I didn't track those. I just didn't.  
25 So it's definitely less than criminal.

1 BARBARA KNOX, M.D.

2 Q. Okay. Would you say it's less than  
3 50?

4 A. Yes.

5 Q. Less than 20?

6 A. I can't honestly tell you if it's 20  
7 or somewhere between 20 and 50. I've  
8 definitely testified in them. I -- I can't  
9 tell you the specific number.

10 Q. Okay. Looking back at your list of  
11 case testimony included in Exhibit 116, are all  
12 the case numbers that have the letters "JC" in  
13 them CHIPS cases?

14 A. I don't know. I would have to look  
15 them up.

16 Q. Okay.

17 A. I can tell you that "CF" is criminal  
18 felony and "CM" is criminal misdemeanor, and  
19 beyond that I don't know.

20 Q. I'm just going to show you a  
21 document -- oh, excuse me. Apologies.

22 MS. ZUREICK: Would you...  
23 (Exhibit 119 was marked for  
24 identification.)  
25 ///

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1 BARBARA KNOX, M.D.  
 2 BY MS. ZUREICK:  
 3 Q. I'm showing you Exhibit 119.  
 4 Do you recognize this document?  
 5 A. No, I haven't seen it before, but  
 6 it's telling me case type list by division.  
 7 Q. Okay. Does this refresh -- take a  
 8 minute to look at it first.  
 9 A. I can see the "JC" here.  
 10 Q. Okay. Does it refresh your memory  
 11 for what "JC" stands for?  
 12 A. Juvenile CHIPS case.  
 13 Q. Okay. So in your list of case  
 14 testimony, are all the case numbers that have  
 15 "JC" in them CHIPS cases?  
 16 A. I would assume so, yes.  
 17 Q. Okay. Thank you.  
 18 In the group of CHIPS cases in which  
 19 you've testified, does that also include what  
 20 Wisconsin refers to as UCHIPS cases regarding  
 21 so-called unborn children?  
 22 MS. KECKHAVER: Objection, vague.  
 23 THE WITNESS: I don't know that  
 24 those would be listed out here because it  
 25 depends on if I was called to testify or

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1 BARBARA KNOX, M.D.  
 2 recall on -- I also do tribal cases as well  
 3 which none of those are really reflected in  
 4 here, I don't think, but I can't recall.  
 5 Q. Okay. So you don't -- it's correct  
 6 that you do not recall if you have testified in  
 7 any UCHIPS cases?  
 8 A. Correct, because we've had different  
 9 meetings on them, and I can't recall if --  
 10 which ones go and which ones don't.  
 11 Q. Okay. Returning to the CHIPS cases  
 12 in which you've testified, in how many of those  
 13 cases was it your opinion that child abuse,  
 14 neglect, or maltreatment had occurred?  
 15 A. So before I answer that, I can't  
 16 recall how many I've truly testified before a  
 17 Court in. I've been involved in many. I  
 18 can't --  
 19 MS. KECKHAVER: She's talking about  
 20 CHIPS now, right?  
 21 THE WITNESS: Oh, CHIPS. I'm sorry.  
 22 BY MS. ZUREICK:  
 23 Q. Right, the CHIPS specifically.  
 24 A. I'm sorry. Please repeat your  
 25 question.

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1 BARBARA KNOX, M.D.  
 2 not. And I also don't think this is an  
 3 accurate representation of all the UCHIPS  
 4 cases that I did because some years we  
 5 didn't track this. Depends on if the  
 6 university really billed or not.  
 7 When I was asked to provide this, we  
 8 went back and we did the best that we could  
 9 with the information that we had, but  
 10 that's why I put in here it's by no means  
 11 complete because I can't say.  
 12 BY MS. ZUREICK:  
 13 Q. Okay.  
 14 A. So -- and I also -- the -- the  
 15 UCHIPS cases would have to be defined by if I  
 16 testified or not, and in some of these I  
 17 didn't.  
 18 Q. Okay.  
 19 A. So...  
 20 Q. So you have testified in UCHIPS  
 21 cases, correct?  
 22 A. I have certainly been consulted on  
 23 them. I don't know that any of them have  
 24 actually proceeded to where I've given  
 25 testimony. I have to think because I can't

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1 BARBARA KNOX, M.D.  
 2 (The reporter read the record as  
 3 requested.)  
 4 THE WITNESS: I do not recall, but  
 5 here's what I'll say: If I am testifying,  
 6 if I'm called to testify at a CHIPS case,  
 7 by definition, it's probably only  
 8 proceeding because I said that it was  
 9 definite or gravely concerning for child  
 10 maltreatment.  
 11 BY MS. ZUREICK:  
 12 Q. Okay.  
 13 A. So that's how I would answer that.  
 14 Q. Okay. Do you ever testify for the  
 15 defense in CHIPS cases?  
 16 A. I can't remember what -- or what the  
 17 case fell under, but I definitely have been  
 18 subpoenaed to testify for Steve Hurley's firm  
 19 for the defense and agreed with the defense.  
 20 But I can't remember if that was a CHIPS case  
 21 or what that was, if that was in family court  
 22 or what.  
 23 Q. Okay.  
 24 A. So...  
 25 Q. Okay. Referring to the UCHIPS cases

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1 BARBARA KNOX, M.D.

2 on which you've consulted, in what number of  
3 those cases was it your opinion that the fetus  
4 was in need of protective services?

5 A. The vast majority.

6 Q. Okay.

7 A. Because I am -- in fact, I can't  
8 recall one that came to me that I didn't think  
9 was severely at risk. Because the ones that  
10 make it to me have already been vetted by the  
11 counties and by others to where these are  
12 highly substantial and concerning cases before  
13 they're even making it to me.

14 Q. Okay. And how many UCHIPS cases  
15 have you consulted on?

16 A. Again, to give you a hard-and-fast  
17 science number, I can't do it because I didn't  
18 track them. It wasn't something I needed to  
19 track.

20 But, again, when you go back to it,  
21 you know, these are not cases that are vast  
22 because nobody wants to deal with them.

23 I would say that, you know, for ones  
24 that are really moving forward, probably two to  
25 three a year where they're, you know, really

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2 saying, you know, we want to do something about  
3 this case.

4 They're very rare in the state of  
5 Wisconsin where people are truly coming to me  
6 for the significant risk of trying to move  
7 these forward.

8 Q. Okay. And how many years have you  
9 been receiving these --

10 A. Ten.

11 Q. -- consultation requests?

12 A. Ten.

13 Q. Okay. So is it fair to say you  
14 receive two to three UCHIPS cases to consult on  
15 a year and you've done it over ten years?

16 A. You know, I want to be very clear.  
17 I didn't track any of these numbers. They're  
18 not something that is coming into me every  
19 week.

20 These are something that I would  
21 off-the-cuff say I get two to three a year  
22 where somebody calls me and says, "We feel that  
23 we need to do a UCHIPS on this specific person.  
24 Here's what we have. What do you think the  
25 significant risk is to this -- to this fetus?"

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1 BARBARA KNOX, M.D.

2 What would the literature say about this, this  
3 and this?" And that's what I comment on with  
4 them.

5 I -- I will say that, that being  
6 said, we do have these discussions at  
7 multidisciplinary teams about other kids where  
8 the decision has not yet been made to do unborn  
9 CHIPS cases.

10 So I would say over ten years, I  
11 would probably get two to three of these a year  
12 where it's significant and the counties wish to  
13 move forward.

14 Q. Okay. Back to cases in which you've  
15 testified.

16 Have you testified in criminal court  
17 in cases of alleged child abuse?

18 A. Yes.

19 Q. Okay. And how many such cases?

20 A. Greater than 75, I would say.

21 Again, for -- for the majority of what I am  
22 subpoenaed to court for, it is criminal cases  
23 for which -- for which, as a child abuse  
24 pediatrician, these are typically already  
25 vetted by someone else before they ever reach

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1 BARBARA KNOX, M.D.

2 me.

3 So more often than not by the time  
4 I'm actually consulting on a case, there is  
5 significant concern or diagnosis of abuse.

6 That being said, I don't fully  
7 diagnose abuse. There's a lot of cases that  
8 aren't. So -- but the majority of my work is  
9 in criminal court.

10 Q. Okay. And what percentage of these  
11 cases are you testifying for the government or  
12 the prosecution?

13 A. I would say that all of the ones  
14 that I do in criminal court, with rare  
15 exception, is for the prosecution because I  
16 select in the defense cases that people ask me  
17 about.

18 And for the majority of it, I don't  
19 take them on anymore because I want to fulfill  
20 my academic work. There's no -- there's no  
21 benefit to me for taking on all of these  
22 defense cases anymore except it brings me in a  
23 lot more work to do. So -- so I don't select  
24 them in. I refer them out to my colleagues  
25 elsewhere.

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1 BARBARA KNOX, M.D.

2 Q. When you say you were subpoenaed to  
3 court, do you mean you were asked to testify?4 A. Asked to testify or I get a subpoena  
5 to testify. Some of the times they call and  
6 ask first. Some of the times I just get the  
7 subpoena.8 Q. Okay. And times when they've called  
9 and asked you to testify, have you ever said  
10 no?11 A. Yes, because it's -- there's a  
12 schedule conflict and then we shift it around.13 There -- so, yes, there have been  
14 times when I've said nope.15 Q. Okay. Do you have a sense of how  
16 often you've said no?17 A. Basically my office staff handles  
18 the scheduling now, so they shift them around.

19 Q. Okay. So --

20 A. If I'm being asked to consult or if  
21 I'm being subpoenaed, 99.99 percent of the time  
22 it is that this is the diagnosis; they're going  
23 forward on criminal prosecution based upon what  
24 came out of the program. So...

25 Q. Okay. And have you testified as an

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1 BARBARA KNOX, M.D.

2 expert witness?

3 A. Yes.

4 Q. Okay. How many times?

5 A. Virtually all of these cases I've  
6 been an expert witness in.7 Q. Okay. So you would say at least 115  
8 times?

9 A. Probably.

10 Q. Okay. And, again, what types of  
11 cases have you testified in as an expert?12 A. Same ones that we just went over,  
13 the criminal court, family court, you know,  
14 unborn CHIPS cases, CHIPS cases, you know,  
15 federal court, tribal court, bill revocation  
16 hearings because somebody started subpoenaing  
17 me.18 What else is there? I think that  
19 covers the list.

20 Q. Thank you.

21 And has a Court ever ruled that your  
22 expert testimony should be excluded or should  
23 have been excluded from trial?

24 A. Never.

25 Q. Okay.

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1 BARBARA KNOX, M.D.

2 A. The only thing that I am aware of  
3 is -- I did a voir dire for Canada for which it  
4 wasn't -- the prosecutor was trying to bring  
5 something in that wasn't relevant to the  
6 homicide case. So the judge said it wasn't  
7 needed to try and prevent an appeal.

8 Q. Okay.

9 A. That's the only thing I'm aware of.

10 Q. Do you recall a case called State v.  
11 Hawkey?12 A. Oh, I do. I was deemed an expert at  
13 trial.14 Q. Okay. Do you know what happened  
15 after trial in that case?16 A. There was an appeal by the defense.  
17 And there was a Court of Appeals ruling for  
18 which that has subsequently been appealed, and  
19 there has been no verdict that has been out  
20 from that --

21 Q. Okay.

22 A. -- is my understanding.

23 Q. And what did the Court of Appeals  
24 rule?

25 A. I didn't pay much attention to it,

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1 BARBARA KNOX, M.D.

2 but someone called me and said that -- that  
3 even though there was a Daubert hearing in  
4 which the judge deemed me an expert in all  
5 areas, beyond that I don't know. There was  
6 something about excluding testimony in some  
7 venue, and I don't know beyond that.

8 Q. Okay.

9 A. You can tell me.

10 (Exhibit 120 was marked for  
11 identification.)

12 BY MS. ZUREICK:

13 Q. I'm showing you an exhibit marked  
14 Exhibit 120.

15 A. Uh-huh.

16 Q. Do you recognize this document?

17 A. I don't because I have never seen  
18 it.

19 Q. But what is it?

20 A. It says it is the "Check Ohio  
21 Supreme Court Rules for Reporting of Opinions  
22 and Weight of legal authority."23 Q. Just below that, does it say that  
24 this is the case of State of Ohio v. Judith I.  
25 Hawkey, Court of Appeals of Ohio, Third

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1 BARBARA KNOX, M.D.  
 2 District, Defiance County?  
 3 A. Yes.  
 4 Q. Okay. Could you please turn to  
 5 Page 2 of this document.  
 6 A. Yes.  
 7 Q. And would you take a look at  
 8 paragraph 7 starting at the bottom of the  
 9 left-hand column.  
 10 A. Okay.  
 11 Q. And just take a minute to look at  
 12 that paragraph. It continues into the next  
 13 column.  
 14 (Witness viewed said document.)  
 15 THE WITNESS: I think I've read all  
 16 that.  
 17 BY MS. ZUREICK:  
 18 Q. Okay. Thank you.  
 19 Is it correct that the Court ruled  
 20 that your testimony in that case concerning  
 21 child torture as a diagnosis was not reliable  
 22 under the Federal Rules of Evidence and should  
 23 have been excluded?  
 24 MS. KECKHAVER: Objection, calls for  
 25 a legal conclusion.

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1 BARBARA KNOX, M.D.  
 2 child torture in the appeal, but it does not  
 3 mean that -- that I could not be an expert in  
 4 child abuse.  
 5 Q. Okay. Let's move on.  
 6 MS. ZUREICK: Let the record reflect  
 7 that I am taking Exhibit 120 back from the  
 8 witness. Thank you.  
 9 BY MS. ZUREICK:  
 10 Q. One last question on prior  
 11 testimony. Have you been deposed before?  
 12 A. Yes.  
 13 Q. Okay. How many times?  
 14 A. I have no idea because I also don't  
 15 track that.  
 16 Q. Okay. And, again, what kinds of  
 17 cases have you been deposed in?  
 18 A. Actually, some drug cases, or maybe  
 19 they were -- I think they involved parental  
 20 drug use, but I don't recall all of what the  
 21 depositions were.  
 22 Q. Okay. Have you been deposed in  
 23 UCHIPS cases?  
 24 A. I don't believe so.  
 25 Q. Okay. And have you been deposed in

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1 BARBARA KNOX, M.D.  
 2 THE WITNESS: I think that's what it  
 3 says. I -- I don't know. I'm not a  
 4 lawyer.  
 5 BY MS. ZUREICK:  
 6 Q. Okay. In looking in the right-hand  
 7 column of this opinion, the middle of that  
 8 column where it says, "...as the evidence,"  
 9 that you presented, "shows no acceptance and  
 10 Knox's creation had yet to be" -- it says --  
 11 excuse me.  
 12 I'll start. "Neither of these  
 13 factors work in favor of Knox as the evidence  
 14 shows no acceptance and Knox's creation had yet  
 15 to be published. Thus, the testimony  
 16 concerning 'child torture' as a diagnosis would  
 17 not be reliable under Evidence Rule 702(C), and  
 18 should have been excluded."  
 19 Is that correct? Did I read that  
 20 correctly?  
 21 A. I can't find it in there, but I'm  
 22 sure you did.  
 23 So it basically said that -- that  
 24 they -- I don't know. I can't -- I think that  
 25 they're saying that they would have excluded

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1 BARBARA KNOX, M.D.  
 2 CHIPS cases?  
 3 A. That I'm not sure on. I'm trying to  
 4 recall where these other cases came down.  
 5 Honestly, I don't remember who it was, who was  
 6 really doing the deposition, so I don't  
 7 remember which area of the court it went  
 8 through.  
 9 I don't think they were criminal  
 10 cases, so I'm not sure if they were CHIPS or  
 11 family, but certainly dealing with children in  
 12 need of protection. So I'm not sure which  
 13 entity they officially fell under.  
 14 MS. ZUREICK: Okay. Let's take a  
 15 break.  
 16 THE WITNESS: Okay. How long this  
 17 time?  
 18 MS. ZUREICK: About ten minutes.  
 19 THE WITNESS: Perfect.  
 20 MS. ZUREICK: Or how much time do  
 21 you need?  
 22 THE VIDEOGRAPHER: Off the record at  
 23 12:35 p.m.  
 24 (Whereupon, from 12:35 p.m. to  
 25 1:08 p.m. a luncheon recess was taken.)

1 BARBARA KNOX, M.D.  
2 AFTERNOON SESSION  
3 THE VIDEOGRAPHER: We're back on the  
4 record. It's 1:08 p.m.  
5 BARBARA L. KNOX, M.D.,  
6 was called for examination, and having been  
7 previously duly sworn, was examined and  
8 testified further as follows:  
9 EXAMINATION (Resumed)  
10 BY MS. ZUREICK:  
11 Q. Dr. Knox, is it correct that the  
12 state asked you to provide an opinion on the  
13 impact of prenatal exposure to alcohol and  
14 illicit drugs on a fetus, newborn, or  
15 developing child?  
16 A. Yes.  
17 Q. Okay. Do you have an opinion about  
18 the impact of prenatal exposure to prescription  
19 drugs on a fetus?  
20 A. Yes.  
21 Q. What is that opinion?  
22 A. Exactly what I said in my report,  
23 that it can and is harmful to children --  
24 Q. Okay.  
25 A. -- to a developing fetus.

1 BARBARA KNOX, M.D.  
2 opinion pertain any specific prescription  
3 drugs?  
4 A. Sure. I have had multiple instances  
5 where people have used a lot of the  
6 prescription opiates inappropriately. They  
7 have been diverted pharmaceuticals.  
8 And when taken in excess, they can  
9 and do stimulate preterm labor in individuals  
10 and can result in preterm delivery, at which  
11 point you do have risk of brain bleeds. You do  
12 have risk of the neonate suffering intellectual  
13 disabilities because of the prematurity and  
14 potential brain bleeding. You also run the  
15 risk of having decreased oxygenation to the  
16 brain with a lot of that as well. So, yes, it  
17 can cause harm.  
18 Additionally, with diverted opiate  
19 pharmaceutical use, you also run the risk of  
20 neonatal abstinence syndrome. And when you  
21 have neonatal abstinence syndrome, you  
22 certainly can have issue with the baby being  
23 very irritable, having tremors. These are  
24 babies that typically require hospitalization  
25 to be able to wean them off of the drugs that

1 BARBARA KNOX, M.D.  
2 Q. And where in your expert report do  
3 you discuss prenatal exposure to prescription  
4 drugs?  
5 A. I would have classified that in --  
6 in the opiate piece.  
7 So let me ask you to clarify what  
8 you're referring to as prescription drugs  
9 before I answer that. So let me put in the  
10 caveat that before I speak anymore, you need to  
11 clarify to me what you mean by prescription  
12 drugs.  
13 Q. What do you understand prescription  
14 drugs to be?  
15 A. It's a loaded question. It could  
16 mean a lot of things.  
17 Q. Okay.  
18 A. The prescription drugs that I  
19 typically see in my practice are the people who  
20 use the diverted pharmaceuticals, so the  
21 opiates that end up being diverted and people  
22 pill pop with those.  
23 Q. And when you say that it is your  
24 opinion that prenatal exposure to prescription  
25 drugs can cause harm to a fetus, does that

1 BARBARA KNOX, M.D.  
2 they are addicted to. At times it can take  
3 days to some of the times weeks to be able to  
4 do that. And, you know, babies have tremors  
5 with this, et cetera.  
6 So you also run the risk of having a  
7 baby go home too early with a parent who is  
8 still using and abusing drugs and then  
9 predisposing that baby who is now irritable,  
10 tremulous, not sleeping well, also being a  
11 victim of potential physical abuse or neglect  
12 or both.  
13 Q. Okay. Do you have an opinion on the  
14 impact of prenatal exposure to prescription  
15 drugs other than diverted prescribed opiates on  
16 a fetus in its development?  
17 A. You can also see it with Methadone  
18 as well.  
19 Q. Okay. And besides Methadone, any  
20 other prescription drugs?  
21 A. Well, sure. I mean, basically you  
22 can use and abuse any prescription drug, but  
23 the big ones that I see there are diverted  
24 pharmaceuticals are by far the opiates. I also  
25 see Methadone. I also see other drugs like

1 BARBARA KNOX, M.D.

2 benzodiazapines --

3 Q. Okay.

4 A. -- being abused during pregnancy.

5 And then Suboxone can be abused as well during  
6 pregnancy.

7 And, you know, again, it depends  
8 upon the degree of abuse. It depends upon  
9 what -- the specifics of each and every case  
10 scenario.

11 But absolutely, given the right  
12 circumstances, they can cause problems and do  
13 cause problems.

14 Q. When you say "they can cause," do  
15 you mean prescription drugs generally?

16 A. Sure.

17 Q. Okay. Thank you.

18 Do you have an opinion on the impact  
19 of prenatal exposure to tobacco on fetal  
20 development?

21 A. Sure.

22 Q. Okay. And what is that opinion?

23 A. I didn't comment on it in here. But  
24 certainly when women use tobacco, and  
25 especially when they use it in excess, it can

1 BARBARA KNOX, M.D.

2 result in low birth weight for babies. It can  
3 result in tremulousness, et cetera. So, yes,  
4 there can be issues with -- with nicotine.

5 Q. Okay. And why did you choose not to  
6 include this opinion in your report?

7 A. Because I focused on the drugs of  
8 abuse. I focused on the big drugs of abuse and  
9 alcohol.

10 Q. Okay. Thank you.

11 When you wrote your expert report,  
12 what was your understanding of Ms. Loertscher's  
13 medical condition or health status at the time  
14 that she reported to the Mayo Clinic Hospital  
15 where she sought treatment?

16 A. If I -- if I remember this  
17 correctly, she actually -- and, again, I  
18 haven't looked at these records in a while, but  
19 she actually had presented with -- with concern  
20 of bizarre behavior and concern of depression  
21 and anxiety and was -- was being hospitalized  
22 for psychiatric evaluation at that time.

23 Q. Okay. And when you say "bizarre  
24 behavior," what do you mean by that?

25 A. Those were the words that were used

1 BARBARA KNOX, M.D.

2 in the medical record in some point, was  
3 bizarre behavior. I believe the -- the person  
4 doing the psych eval had commented on bizarre  
5 behaviors.

6 Q. And do you know what those behaviors  
7 were specifically?

8 A. I would have to refresh my  
9 recollection by looking at the report. But I  
10 recall that -- that she was being admitted and  
11 that -- that there was concern of -- of getting  
12 a psychiatric hospitalization.

13 Q. Okay. And were you aware that at  
14 the time she sought treatment, she was  
15 suffering from severe untreated hypothyroidism?

16 A. Yes.

17 Q. Okay. And did you note that she  
18 voluntarily went to the Mayo Clinic Hospital  
19 seeking treatment?

20 A. Yes.

21 Q. Okay. And were you aware that she  
22 was about 14 weeks pregnant at the time she  
23 went to the Mayo Clinic Hospital for treatment?

24 A. After the ultrasound was conducted,  
25 yes, because she did not know, specifically at

1 BARBARA KNOX, M.D.

2 the time that she was seeking treatment, how  
3 far along she was in the pregnancy. That was  
4 determined after an ultrasound was conducted.

5 Q. Okay. You noted in your expert  
6 report that Ms. Loertscher had a urine  
7 toxicology screen conducted, and it was  
8 positive for amphetamine, methamphetamine, and  
9 THC.

10 A. Yes.

11 Q. Is it correct that no confirmatory  
12 testing was done?

13 A. That is correct.

14 Q. Okay. Do you think that  
15 confirmatory testing should have been done?

16 A. Here is what I will say: In my  
17 practice, I always do confirmatory testing. I  
18 do GC mass spec quantitative confirmatory  
19 testing.

20 That being said, I will tell you  
21 that many physicians, and it's not uncommon for  
22 me to see it in my own ER, get screens only.  
23 I, being a purist, make sure that everything is  
24 confirmed via GC mass spec quantitative  
25 confirmatory testing.

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1 BARBARA KNOX, M.D.

2 So I would have done it, absolutely.  
3 Again, that being said, not all providers do.

4 Q. Okay.

5 A. So that's why we're left here.

6 Q. You also state in your expert report  
7 that Ms. Loertscher knew she was pregnant when  
8 taking methamphetamine.

9 What in the record did you base that  
10 conclusion on?

11 A. There is a statement in the record  
12 by one of the physicians that -- who had done  
13 one of the consultations that she knew she was  
14 pregnant while taking the methamphetamine. She  
15 said that she drank early on in the pregnancy,  
16 but knew she was pregnant while using the  
17 methamphetamine.

18 Q. Okay. In your experience, do  
19 medical care providers ever misunderstand  
20 patients' statements or their history?

21 A. Sure, it can happen.

22 Q. Okay. Is it possible that person  
23 was mistaken about Ms. Loertscher's drug use?

24 A. I can't speak to another person's  
25 ability to understand or comprehend something.

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1 BARBARA KNOX, M.D.

2 That's out of my scope since I wasn't there.

3 Q. Okay. Is it possible at all?

4 A. Is it possible at all that a person  
5 could misinterpret someone's statement? Sure.

6 Q. Okay. Thanks.

7 In the course of forming your  
8 opinion, did you determine whether Tamara  
9 Loertscher exhibited habitual lack of  
10 self-control in the use of alcohol or  
11 controlled substances?

12 A. Per her own statements, she reported  
13 that she was a daily user of methamphetamine.  
14 And then upon learning that she was pregnant,  
15 cut it down to three days a week but was using  
16 it as a stimulant per her report to get up in  
17 the mornings.

18 She also reported using THC and also  
19 reported that she had drank at some point  
20 during the pregnancy.

21 So that, combined with a urine drug  
22 screen that is also positive for amphetamine,  
23 methamphetamine and THC, though not  
24 quantitatively confirmed, does support her own  
25 disclosures because the urine drug screens also

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1 BARBARA KNOX, M.D.

2 have a finite amount of time for which they're  
3 going to pick up these substances.

4 Q. In your opinion, given the history  
5 as you just stated it, does that amount to  
6 habitual lack of self-control in use of these  
7 substances?

8 A. I would opine yes.

9 Q. Okay. You state in your expert  
10 report, We continue in medicine to recommend  
11 that pregnant women should abstain from alcohol  
12 consumption because there is no known safe  
13 amount of alcohol during pregnancy ever  
14 documented, nor is there any trimester of  
15 pregnancy in which it has been documented, to  
16 be safe to drink alcohol, correct?

17 A. Yes.

18 Q. Okay. Do you consider any amount of  
19 alcohol use during pregnancy to be dangerous?

20 A. I will say that we have no data that  
21 would tell us that it is safe, which is why the  
22 American Academy of Pediatrics and many other  
23 organizations, including the alcohol producers,  
24 put that it may be harmful during -- during  
25 pregnancy, period.

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1 BARBARA KNOX, M.D.

2 So to answer that question, I would  
3 say we don't know the answer to that, but we  
4 certainly know that alcohol is a teratogen for  
5 an developing fetus.

6 So I would say I go with everyone  
7 else's recommendations, which is we don't  
8 recommend any use during pregnancy because we  
9 don't know when and if it will be harmful.

10 Q. Do you consider any use of alcohol  
11 during pregnancy to be child abuse?

12 A. It depends upon the situations by  
13 which that question is being posed to me. I  
14 can't put a blanket yes or no on that because  
15 it's really situational in what the facts of a  
16 case are.

17 Q. Okay. And what sort of factors  
18 would you consider?

19 A. Well, going back to my report, the  
20 mom who was .5, passed out drunk five to six  
21 months pregnant, that's -- that's child abuse  
22 because you are virtually at the point of fatal  
23 alcohol poisoning.

24 When you look at the bell-shaped  
25 curve, people who fell into that category, the

1 BARBARA KNOX, M.D.  
2 majority of them are going to end up dead. So  
3 that to me is definite child abuse.  
4 Q. Is lesser use of alcohol necessarily  
5 child abuse in all cases, in your opinion?  
6 MS. KECKHAVER: Objection, calls for  
7 a legal conclusion, vague.  
8 THE WITNESS: It also depends,  
9 again, on the specifics of any case  
10 scenario. That is not a yes-or-no question  
11 as posed.  
12 BY MS. ZUREICK:  
13 Q. Okay. Do you have an opinion on  
14 what amount of alcohol consumption would  
15 constitute child abuse?  
16 A. Well, I just gave you an example of  
17 one that if I were asked, I would say, yes,  
18 that is child abuse.  
19 Q. And any lesser amounts of alcohol  
20 consumption, would that, in your opinion,  
21 necessarily on its own constitute child abuse?  
22 A. Again, it depends upon the facts of  
23 a case scenario as presented to me.  
24 Q. Okay.  
25 A. Because this is not a black-or-

1 BARBARA KNOX, M.D.  
2 I'm not trying to be difficult. I'm just  
3 saying there's more than one tier that can be  
4 addressed here. And so there's the drug issue  
5 and then there's other issues that we would  
6 take into account. So it's not a yes or no.  
7 Q. Okay. Thank you.  
8 Do you agree with the statement that  
9 there's not consensus in the scientific  
10 literature on the effects low to moderate  
11 drinking during pregnancy?  
12 A. Please repeat that question for me.  
13 Q. Do you agree with the statement that  
14 there is not consensus in the scientific  
15 literature on the effects of low to moderate  
16 drinking during pregnancy?  
17 A. I would say that that -- that that  
18 is factual because there are caveats -- there  
19 are -- there is -- actually, let me think about  
20 this for a minute. Strike my previous  
21 statement.  
22 Read me the sentence one more time  
23 to be sure.  
24 (The reporter read the record as  
25 requested.)

1 BARBARA KNOX, M.D.  
2 white. I need to know and understand how much,  
3 how often, when, et cetera.  
4 Q. Okay. And do you look at factors  
5 beyond the amount or frequency of alcohol  
6 consumption to determine whether there may be  
7 an abusive fetus in that case?  
8 A. Yes. I also look at poly substance  
9 use or abuse, et cetera.  
10 Q. Okay. And is that a full list of  
11 the factors that you look at in making that  
12 determination?  
13 A. There are other things based upon  
14 individual case scenarios that I take into  
15 account. But in asking me about the specifics  
16 of drugs, those are things that I really want  
17 to know.  
18 Q. Absolutely. What would be some of  
19 the other factors apart from drugs, though,  
20 that you would look at?  
21 A. Well, it depends on, you know, if a  
22 mother is knowingly placing her unborn child at  
23 risk of harm, which some do in other situations  
24 that don't have to be drug related.  
25 So when you ask me that question,

1 BARBARA KNOX, M.D.  
2 THE WITNESS: I don't know that I  
3 agree with that statement. And the reason  
4 that I will say I don't know that I agree  
5 with that statement is because I don't know  
6 what the low is that is being referred to  
7 because -- and also the time frame during  
8 early pregnancy that's been referred to.  
9 Please clarify that statement for me.  
10 BY MS. ZUREICK:  
11 Q. Let's take a look at -- let's take a  
12 look at a document first.  
13 (Exhibit 121 was marked for  
14 identification.)  
15 BY MS. ZUREICK:  
16 Q. Okay. I'm showing you document  
17 marked as Exhibit 121.  
18 A. Yes.  
19 Q. Do you recognize this document?  
20 A. Yes, I do.  
21 Q. And what is this document?  
22 A. This is the clinical report,  
23 Guidance for the Clinician in Rendering  
24 Pediatric Care by the American Academy of  
25 Pediatrics on Fetal Alcohol Spectrum Disorders.

1 BARBARA KNOX, M.D.

2 Q. Okay. And is this the source that  
3 you -- the source that you cite in Footnote 1  
4 of your report?

5 A. Yes.

6 Q. Okay. Please turn to Page e1397.

7 A. Okay.

8 Q. So the far right-hand column, the  
9 last paragraph, about 10, 11 lines from the  
10 bottom, it says, "...a consensus is still  
11 lacking about" --

12 A. Give me a second. Let me just find  
13 it.

14 Where is that? Where are you at?

15 Q. 11 or 12 --

16 A. "Although -- Although a consensus,"  
17 right?

18 Q. Right.

19 A. Okay. Got it.

20 Q. Right. And it says in part, "...a  
21 consensus is still lacking about the effects of  
22 low levels of PAE," or prenatal alcohol  
23 exposure.

24 Is -- is that statement -- do you  
25 agree with that statement?

1 BARBARA KNOX, M.D.

2 A. Yes.

3 Q. Okay. Thank you.

4 And are you familiar with "The  
5 Lifestyle During Pregnancy" study? This is a  
6 study of over 1600 women, partially funded by  
7 the CDC and published in a series of articles  
8 in the British Journal of Obstetrics &  
9 Gynecology of 2012.

10 A. I have heard of it. I have not read  
11 it.

12 Q. Okay. This study is cited in  
13 Dr. Terplan's rebuttal report, which you  
14 reviewed, correct?

15 A. Yes.

16 Q. Okay. And are you aware that the  
17 lifestyle study did not demonstrate any  
18 association between low, which is one to four  
19 drinks per week, to moderate, five to eight  
20 drinks per a week, drinking and subsequent  
21 negative outcomes in intelligence, attention,  
22 and executive function at five years of age?

23 A. I haven't read it. I can't comment  
24 if that's what it said or not.

25 Q. Okay. Do you recall if this is what

1 BARBARA KNOX, M.D.

2 Dr. Terplan cited this study for in his  
3 rebuttal report?

4 A. I believe he did -- or he did cite  
5 it in his rebuttal, but I haven't read the  
6 report.

7 Q. You haven't read the lifestyle  
8 study, is that correct?

9 A. Correct.

10 Q. Okay. Thank you.

11 Based on the existence of this  
12 study, would you agree that there's at least  
13 some uncertainty in the scientific community as  
14 to whether low-to-moderate alcohol use during  
15 pregnancy necessarily harms fetal development?

16 A. I would say that this study may have  
17 concluded the statements that you are stating.  
18 I don't know, since I haven't read it, if I  
19 would conclude then that there is discord  
20 amongst the masses in statements.

21 Q. But would you -- would you say that  
22 there is at least some uncertainty or  
23 disagreement in the scientific community?

24 A. I would say that this study is  
25 making this statement. I haven't read it, so

1 BARBARA KNOX, M.D.

2 for me to answer that question, I really  
3 couldn't do it without reading the article  
4 because of the point that I don't know how they  
5 tested these children. I don't know if they've  
6 continued to follow these children and if any  
7 additional negative outcomes are being noted,  
8 et cetera. So it's hard for me to answer that  
9 question.

10 Q. Okay. Let's move on.

11 In your expert report, you say, "The  
12 American Academy of Pediatrics reports that use  
13 of alcohol during pregnancy has been documented  
14 to be one of the leading preventable causes of  
15 intellectual disabilities, birth defects, and  
16 other developmental disorders in newborns,"  
17 correct?

18 A. That is correct.

19 Q. What are the other leading  
20 preventable causes of intellectual  
21 disabilities, birth defects, and other  
22 developmental disorders in newborns?

23 A. Repeat the question for me again  
24 starting with the beginning.

25 Q. Apart from alcohol use during

1 BARBARA KNOX, M.D.  
2 pregnancy, what are the other leading  
3 preventable causes of intellectual  
4 disabilities, birth defects, and other  
5 developmental disorders in newborns?  
6 A. For leading causes, one of them  
7 would be, you know, lack of oxygenation to the  
8 brain. So you have cerebral palsy, that would  
9 likely be one.  
10 Additionally, there are other  
11 multifactorial causes that would lead to that.  
12 If you have obstetrical complications, again,  
13 that is leading to lack of oxygenation. That  
14 can certainly cause that.  
15 Again, these are multifactorial, but  
16 certainly with cerebral palsy, that would cause  
17 definite intellectual disabilities, so...  
18 Q. Could --  
19 A. As would -- as would other issues.  
20 Q. Okay. What exposure to -- could  
21 exposure to tobacco cause these outcomes?  
22 A. Again, I didn't put tobacco in my  
23 report. So tobacco certainly can cause low  
24 birth weights and other such things. I don't  
25 know that that has been -- it is certainly not

1 BARBARA KNOX, M.D.  
2 critically limited efforts to determine  
3 accurate prevalence figures..."  
4 Does that statement indicate that  
5 the field of fetal alcohol syndrome study is  
6 still developing?  
7 A. Sure.  
8 Q. Okay. Thank you.  
9 Now I'd like to direct your  
10 attention in the same document to Page 1401  
11 under the subheading on the right-hand side,  
12 "The Role of the Pediatrician and the Medical  
13 Home."  
14 A. Okay.  
15 Q. Just after Footnote 76 but midway  
16 down that paragraph, it reads, "Pediatricians  
17 build trusted relationships..."  
18 As a pediatrician, do you agree that  
19 it is important to build trusted relationships  
20 with your patients?  
21 A. Sure, but it's not always possible.  
22 Q. What do you do as a pediatrician to  
23 establish that trust?  
24 A. Well, for those who are general  
25 pediatricians, they typically see their

1 BARBARA KNOX, M.D.  
2 recommended in pregnancy. I don't know -- I  
3 can't comment on it because I haven't reviewed  
4 the literature recently to be able to make a  
5 statement to that.  
6 Q. Okay. Could poor nutrition during  
7 pregnancy cause those outcomes?  
8 A. It could.  
9 Q. Okay. And could environmental  
10 causes -- environmental factors, excuse me,  
11 cause those sorts of outcomes?  
12 A. Sure.  
13 Q. Okay. Let's turn back to  
14 Exhibit 121, the Fetal Alcohol Spectrum  
15 Disorders article.  
16 A. Okay.  
17 Q. Page 1396, in the first column, the  
18 far left-hand column, the final paragraph. The  
19 third --  
20 A. Wait a second. Where are you again?  
21 Q. Left-hand column, final paragraph.  
22 A. Yes.  
23 Q. End of the third line reads, "...the  
24 lack of uniformly accepted diagnostic criteria  
25 for FAS and other related disorders has

1 BARBARA KNOX, M.D.  
2 patients in continuity clinics. So they are  
3 seeing them for well child visits. They're  
4 going through anticipatory guidance with the  
5 families, sitting down and answering questions,  
6 et cetera. So that typically builds trust with  
7 families.  
8 Q. And is having a trusting  
9 relationship with the parents important in your  
10 role as a pediatrician?  
11 A. It is important, but you cannot  
12 forsake a child or a developing fetus for a  
13 trusting relationship. That is why we, as  
14 pediatricians, are mandated reporters. We, as  
15 physicians in the physician community, are  
16 mandated reporters. And we are required by law  
17 to report concerns of abuse and neglect to  
18 agencies who investigate those cases.  
19 So though I agree that it's very  
20 helpful to have a trusting relationship, it's  
21 not exclusive.  
22 Q. As you said, if you have -- if you  
23 do make a report, for example, to CPS, could  
24 that undermine the relationship of trust?  
25 A. Sure, but I'm not going to forsake a

BARBARA KNOX, M.D.

child by not reporting.

Q. Okay. Let's move on. Thank you.

Also in your expert report you state, "I have had experience with a case in which a biologic mother with a twin pregnancy was hospitalized for preterm labor for an extended period. She suddenly went into labor and was noted to have bizarre behaviors. A urine drug screen and GS-MS quantitative confirmatory test were both performed and documented methamphetamine in the urine."

A. That is correct.

Q. What year was this case?

A. Due to HIPAA, I will not comment on that.

Q. Okay. In what county was this case?

A. I can't disclose that because those are identifiable pieces of information. I apologize, but I'm not going to subject myself to HIPAA violations.

Q. No problem.

How did you become aware of this case?

A. I actually participated in this

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case.

Q. Okay. Was the woman a patient of yours?

A. The woman was a patient, yes.

Q. Okay. And was this a case involving CPS?

A. Yes, CPS was involved in this case.

Q. What was their involvement in the case specifically?

A. CPS subsequently took custody of these children after birth.

Q. Okay. And was this a UCHIPS case?

A. This was not a UCHIPS case because people didn't -- people didn't realize that this was going on until the damage was already done.

So this became a child protection case with Child Protective Services. But because of the methamphetamine use in the hospital, it stimulated her to go into preterm labor and deliver these children very early. And then -- then child protection was actually called.

Q. When you say "methamphetamine use in

BARBARA KNOX, M.D.

the hospital," are you saying that she was actively using methamphetamine while she was hospitalized?

A. Yes.

Q. Okay. How far along was she in her pregnancy when she was admitted to the hospital?

A. I don't recall.

Q. Okay. Do you have a sense of what trimester she was in?

A. I don't. I -- I can't recall which trimester she was in. I'm trying to recall. These were very, very premature -- these were very, very premature twins. And I'm just trying to recall if she was second or if she made it to third.

Q. Was she past 20 weeks?

A. It was right in there, I believe. I'm sorry. I can't recall. It was -- it was some -- I think it was somewhere right in about that area. Because the twins were living, so it had to have been -- she had to have been over 20 weeks because it was a viable preg -- or the twins were viable.

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Typically under 20 weeks they're just not.

So I would have to say that she had to have been over 20 weeks, but I can't recall where she was.

Q. Okay. How long was she hospitalized?

A. I can't recall that either.

Q. Okay. No problem.

A. She was on bedrest for a while, but I don't remember how long. It was like weeks.

Q. Okay. Was she hospitalized because her membranes had ruptured?

A. I don't remember.

Q. Okay.

A. This is an older case of mine, so I don't recall.

Q. Okay. Just for my own understanding, when you say biologic mother, do you mean biological mother or do you mean something else?

A. Biological mother.

Q. Okay. Thanks.

And what were the bizarre behaviors that she exhibited?

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A. So this was a case where nursing clearly noticed that she had normal mental status and then did not have normal mental status, had very altered behaviors in which she was acting to be impaired somehow in which they called and said that she appeared to be under the influence of something and had requested an order for drug testing.

Q. I see. So it was the nursing staff that first noted these bizarre behaviors --

A. Yes.

Q. -- is that correct?

Okay.

A. They were caring for her inpatient.

Q. Right. And since she was your patient, am I correct that you personally evaluated her?

A. I did not say that she was my patient. I said this case was my patient.

Q. Oh, okay.

A. So I didn't treated the adult. I treated the babies.

Q. Okay.

A. The babies were -- I'm a

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pediatrician, so...

Q. Did you -- were they your patients while she was still pregnant?

A. No, they weren't my patients while she was still pregnant because -- because as a pediatrician, I am not taking care of the mom.

Q. Okay. So is it correct that they became your patients after they were born?

A. Yes.

Q. Okay. And did you have any involvement with this case before the twins were born?

A. No.

Q. Okay. And so what was the source of your information about her medical condition and her behavior while she was pregnant?

A. The medical record and the nursing staff and the treating providers for her.

Q. Okay. Okay. And you note in your report, "Due to this illicit drug use in the hospital, the mother delivered the twins...prematurely."

Is it your opinion that the mother delivered prematurely because of the illicit

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drug use?

A. Yes.

Q. And what's the basis for that conclusion?

A. Because of the fact that she had been stable on bedrest prior to this use of the substances and then became critically unstable with severe altered mental status and went into preterm labor that couldn't be stopped at that point.

Q. Okay. How common is it for pregnant women with twins to deliver prematurely?

A. They typically do deliver prematurely, but not that prematurely.

Q. Okay. And is the methamphetamine use the only reason a woman might deliver prematurely?

A. No.

Q. Okay. Did you review this woman's records to see if there were any other factors present besides the meth use that could have caused her to go into labor prematurely?

A. I saw her drug testing that was handed to me on a sheet. I did not go in and

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BARBARA KNOX, M.D.

review her medical record because she was not my patient and that would be a HIPAA violation.

Q. Okay.

A. So the medical record pieces that I saw were the ones that were handed to me.

Q. Okay. And these were the -- the results of the drug tests, is that correct?

A. Yes. Yes.

Q. Any others?

A. You know, it's been so long ago, I don't remember, but I distinctly remember seeing the results of the drug testing.

Q. Okay. Okay. Turning back to your expert report, on Page 3, paragraph 7, the last paragraph in the section under "Prenatal Methamphetamine Exposure," you write, "The literature has previously documented prenatal methamphetamine exposure as being related to changes in infant neurobehavior, fine motor deficits and deficits to fetal growth," correct?

A. Yes.

Q. What do you mean when you say "related to"?

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1 BARBARA KNOX, M.D.

2 A. So they are documenting that in --  
3 with prenatal methamphetamine exposure, they're  
4 also seeing these -- these findings in which  
5 you have infant neurobehavior, fine motor  
6 deficits and the deficits in fetal growth.

7 They absolutely try in the  
8 literature to remove external variables that  
9 may also influence this, but they're -- they  
10 typically document "related to" or "association  
11 with" because you can't always mutually exclude  
12 everything. And so that's why you end up  
13 seeing a lot in the literature as associated  
14 with or related to, you know, X, Y and Z  
15 because you can't always eliminate everything.

16 Q. Okay. So when you say "related to"  
17 in your report, you mean "associated with," is  
18 that correct?

19 A. Related to or associated with, yes.

20 Q. Okay. And you cite to a piece from  
21 Linda LaGasse, et al., entitled "Prenatal  
22 Methamphetamine Exposure and Childhood Behavior  
23 Problems at 3 and 5 Years of Age," is that  
24 correct?

25 A. Yes.

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1 BARBARA KNOX, M.D.

2 Q. Did the LaGasse study examine  
3 changes -- the LaGasse study that you cite  
4 examine changes in infant neurobehavior, fine  
5 motor deficits or deficits in fetal growth?

6 A. Yes, I believe it did.

7 Q. Okay.

8 A. I have to see the article, though.

9 Q. Yes, we can do that.

10 A. Can you repeat your question to me  
11 again?

12 (Exhibit 122 was marked for  
13 identification.)

14 BY MS. ZUREICK:

15 Q. I'm showing you a document marked  
16 Exhibit 122.

17 Do you recognize this document?

18 A. Yes, it's "Prenatal  
19 Methamphetamine -- Methamphetamine Exposure and  
20 Childhood Behavior Problems at 3 and 5 Years of  
21 Age."

22 Q. Okay. Thank you.

23 And is this the article that you  
24 cite in Footnote 2 of your expert report?

25 A. Yes.

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1 BARBARA KNOX, M.D.

2 Q. Thank you.

3 Okay. To repeat the earlier  
4 question, did this study, the LaGasse study,  
5 Exhibit 122, examine changes in infant  
6 neurobehavior, fine motor deficits or deficits  
7 in fetal growth?

8 A. I thought it did, unless I got them  
9 mixed up somewhere along the way here.  
10 (Witness viewed said document.)

11 BY MS. ZUREICK:

12 Q. Is it correct that this study  
13 examined behavior problems specifically?

14 A. Well, let me go back and look.  
15 Maybe I -- I wonder if I missed a reference  
16 here.

17 (Witness viewed said document.)

18 THE WITNESS: I apparently must have  
19 missed a -- missed listing a reference and  
20 put two twice.

21 BY MS. ZUREICK:

22 Q. Okay. Did you -- in preparing your  
23 report, did you review any of the literature  
24 that documented these outcomes, changes in  
25 infant neurobehavior, fine motor deficits and

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1 BARBARA KNOX, M.D.

2 deficits in fetal growth?

3 A. I did, but it's not this study, so I  
4 don't know. I must have missed a reference.

5 Q. Okay. We can move on.

6 Okay. Again, looking at the LaGasse  
7 study, Exhibit 122, in your expert report you  
8 state, "In 2012, LaGasse and colleagues  
9 reported mood difficulties and acting out  
10 behaviors (emotional reactivity) present as  
11 early as age 3 associated with children who  
12 were prenatally methamphetamine exposed in the  
13 results of their longitudinal study. They  
14 additionally reported externalizing and ADHD  
15 problems by 5 years of age in these children."

16 A. Yes.

17 Q. Are you aware that the authors  
18 discuss various limits to their -- to their  
19 findings?

20 A. Yes.

21 Q. Okay. And are you aware that the  
22 authors state that as the only cohort study of  
23 its kind, one limitation of the study is that  
24 our findings may not generalize to all  
25 populations of women who use methamphetamine

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1 BARBARA KNOX, M.D.  
2 during pregnancy?  
3 A. Yes.  
4 Q. Okay. Thank you.  
5 Also, is it correct that the LaGasse  
6 study did not analyze trimester effects of  
7 prenatal methamphetamine exposure?  
8 A. Yes.  
9 Q. And so is it correct that the  
10 LaGasse study did not specifically examine the  
11 relationship between methamphetamine exposure  
12 solely in the first trimester of pregnancy with  
13 behavioral development post birth?  
14 A. Yes.  
15 Q. Okay. And would you agree that the  
16 LaGasse study then is not authoritative on the  
17 issue of whether early meth exposure during  
18 only the first trimester of pregnancy is  
19 associated with behavioral problems in children  
20 by age 3?  
21 A. I would say that it didn't  
22 specifically evaluate that. It didn't break it  
23 down by trimester. I wouldn't specifically say  
24 it's not an authoritative study in regards to  
25 that because we don't know. So --

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1 BARBARA KNOX, M.D.  
2 "Methamphetamines and Pregnancy Outcomes"?  
3 A. Yes.  
4 Q. Okay. I'm directing your attention  
5 to Page 113 of Exhibit 123 under the heading  
6 "Results" in the left-hand column.  
7 First sentence of the last  
8 paragraph in that column reads, "Figures 1 and  
9 2 show" --  
10 A. Wait a second. I'm sorry. Where  
11 are you at?  
12 Q. Page 113, left-hand column, last  
13 paragraph.  
14 A. Okay.  
15 Q. "Figures 1 and 2 show gestational  
16 age and birth weight stratified by trimester of  
17 last use of methamphetamine. Significantly,  
18 only those women who continue to use drugs  
19 throughout pregnancy delivered early and had  
20 smaller babies. This was also true when  
21 compared with women who did not use any drugs  
22 during their pregnancies."  
23 Did I read that correctly?  
24 A. That's what this paragraph says,  
25 yes.

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1 BARBARA KNOX, M.D.  
2 Q. Okay. But you agree that that was  
3 not an issue that they studied?  
4 A. Correct, they did not splay it out  
5 by trimester.  
6 Q. Okay. Thank you.  
7 THE VIDEOGRAPHER: Counsel, your  
8 document is rubbing on the mic.  
9 MS. ZUREICK: Thank you.  
10 BY MS. ZUREICK:  
11 Q. And are you familiar with a study  
12 cited in Dr. Terplan's expert report by Tricia  
13 Wright, et al., titled "Methamphetamines in  
14 Pregnancy Outcomes," published in the Journal  
15 of Addiction Medicine?  
16 A. I saw him note that. I did not read  
17 it.  
18 Q. Okay.  
19 (Exhibit 123 was marked for  
20 identification.)  
21 BY MS. ZUREICK:  
22 Q. I'm showing you a document marked  
23 Exhibit 123.  
24 Is it correct that this is the  
25 Tricia E. Wright, et al. study entitled

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1 BARBARA KNOX, M.D.  
2 Q. Okay. Would you agree that these  
3 data support the proposition that there is a  
4 benefit to maternal and newborn health if  
5 methamphetamine use is stopped?  
6 THE WITNESS: I'm sorry. Repeat the  
7 question.  
8 (The reporter read the record as  
9 requested.)  
10 THE WITNESS: Absolutely.  
11 BY MS. ZUREICK:  
12 Q. Okay. And would you agree that  
13 these data do not support the proposition that  
14 any use of methamphetamine during pregnancy is  
15 necessarily harmful?  
16 THE WITNESS: Repeat that question  
17 again.  
18 (The reporter read the record as  
19 requested.)  
20 MS. KECKHAVER: Objection, vague,  
21 confusing.  
22 THE WITNESS: I don't know that I  
23 can answer that off of one sentence.  
24 You've asked me to make a statement on one  
25 study, which I think is vague. It's -- ask

1 BARBARA KNOX, M.D.

2 me the question again.

3 (The reporter read the record as  
4 requested.)

5 THE WITNESS: I can't answer that  
6 off of the statement you've given me  
7 because this is taking into account only,  
8 you know, gestational age and birth -- or  
9 gestational age and birth weight stratified  
10 by the trimester of last use, and your  
11 statement is asking for a globalization of  
12 that answer.

13 BY MS. ZUREICK:

14 Q. Okay.

15 A. So I can't answer it as presented.

16 Q. That's fine. Let's move on.  
17 (Exhibit 124 was marked for  
18 identification.)

19 BY MS. ZUREICK:

20 Q. I'm showing you a document marked  
21 Exhibit 124.

22 Do you recognize this document?

23 A. Yes.

24 Q. What is it?

25 A. It is an article entitled "Prenatal

1 BARBARA KNOX, M.D.

2 methamphetamine exposure and neurodevelopmental  
3 outcomes in children from 1 to 3 years."

4 Q. Okay. And is this the article that  
5 you cite in Footnote 3 of your report?

6 A. Yes.

7 Q. Okay. In your expert report, you  
8 state on Page 3, paragraph 7 --

9 A. Wait a second. Page 3.

10 Q. So back in Exhibit 116.

11 A. Okay. Which paragraph?

12 Q. Page 3, paragraph 7, last  
13 paragraph of that section.

14 A. Okay.

15 Q. You write, "Prenatal methamphetamine  
16 exposure has also been shown to cause delayed  
17 gross motor development over the first three  
18 years of life," correct?

19 A. Yes.

20 Q. And do you cite Exhibit 124 to  
21 support that statement?

22 A. Yes.

23 Q. Okay. Turning back to Exhibit 124,  
24 would you please turn to Page 2.

25 At the top of the page right after

1 BARBARA KNOX, M.D.

2 the word "conclusions," it reads, "Prenatal  
3 exposure to methamphetamine was associated with  
4 delayed gross motor development over the first  
5 3 years," correct?

6 A. Yes.

7 Q. Okay. Is finding an association  
8 between methamphetamine exposure and delayed  
9 gross motor development the same thing as  
10 demonstrating that the methamphetamine exposure  
11 caused that outcome?

12 A. No.

13 Q. Okay. And what is the difference  
14 between association and causation?

15 A. Again, we're saying that there is a  
16 clear association between women who reported  
17 prenatal methamphetamine exposure and seeing  
18 delayed gross motor development over the first  
19 three years.

20 To be able to say that it is  
21 directly caused by one to the other, you would  
22 have to have removed all other variables out of  
23 that picture, including environment. And that  
24 is very, very hard to do in studies. So you  
25 typically see the words "association" instead

1 BARBARA KNOX, M.D.

2 of "causation."

3 Q. Okay. So returning to your expert  
4 report, Exhibit 116, the sentence we just read,  
5 is it still your opinion that prenatal  
6 methamphetamine exposure has been shown to  
7 cause delayed gross motor development over the  
8 first three years?

9 A. Okay. So I'll change the wording to  
10 "associated."

11 Q. Okay.

12 A. It has been shown to be associated  
13 with.

14 Q. Okay. Let's move on.

15 So in the same paragraph in your  
16 expert report, Exhibit 116, you write, "A  
17 2014 study" --

18 A. Oh, you're in the next sentence?  
19 Okay.

20 Q. "A 2014 study showed statistically  
21 significant problems with hand-eye coordination  
22 and personal-social ability on neurocognitive  
23 testing," correct?

24 A. Yes.

25 Q. What conclusions do you draw from

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1 BARBARA KNOX, M.D.  
 2 the fact that this study made a statistically  
 3 significant finding? What does that mean?  
 4 A. You want to pull the study quick?  
 5 Let me look at how it's worded.  
 6 (Exhibit 125 was marked for  
 7 identification.)  
 8 BY MS. ZUREICK:  
 9 Q. I'm showing you a document marked  
 10 Exhibit 125.  
 11 Do you recognize this document?  
 12 A. Yes.  
 13 Q. An what is it?  
 14 A. "Maternal Methamphetamine Use in  
 15 Pregnancy and Long-Term Neurodevelopmental and  
 16 Behavioral Deficits in Children," the van Dyk  
 17 article.  
 18 Q. And is this the study that you  
 19 cite --  
 20 A. Yes.  
 21 Q. -- in Footnote 4?  
 22 A. Yes.  
 23 Q. Thank you.  
 24 (Witness viewed said document.)  
 25 THE WITNESS: I'm sorry. Please

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1 BARBARA KNOX, M.D.  
 2 A. Okay.  
 3 Q. -- last paragraph.  
 4 A. Yes.  
 5 Q. It says, "Due to the small sizes in  
 6 both the methamphetamine-exposed group  
 7 (Number = 15) and the control group (Number =  
 8 21), the analysis lacks power."  
 9 A. Yes.  
 10 Q. So despite some statistically  
 11 significant findings, the authors of this study  
 12 concluded that their sample size was too small  
 13 for their analysis to lack power -- to have  
 14 power, is that correct?  
 15 A. Yes. I would say the same thing if  
 16 I were writing it because of the fact that when  
 17 you statistically analyze, you're looking for  
 18 specific differences between the two groups,  
 19 and I would note this as a limitation, too.  
 20 Q. Okay. The researchers also note  
 21 that in completing the development assessments  
 22 of the research participants, that it was not  
 23 always possible for them to blind the assessors  
 24 fully to the exposure status of the  
 25 participants, another factor which they say may

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1 BARBARA KNOX, M.D.  
 2 repeat your question.  
 3 BY MS. ZUREICK:  
 4 Q. So you state in your report, "A 2014  
 5 study," Exhibit 125 that you just reviewed,  
 6 "showed statistically significant problems with  
 7 hand-eye coordination and personal-social  
 8 ability on neurocognitive testing."  
 9 What conclusions do you draw from  
 10 the fact that this study made a statistically  
 11 significant finding?  
 12 A. That they're seeing it in one group  
 13 over the matched nonexposed group. So it's  
 14 something that we would look at as cause for  
 15 concern with being exposed to methamphetamine  
 16 potentially.  
 17 Q. Okay. And are you aware that the  
 18 authors of this study note several limitations  
 19 on the study?  
 20 A. Uh-huh, because there always are.  
 21 Q. Are you aware that on Page e194 of  
 22 Exhibit 125 --  
 23 A. Okay. Say that again. E194, and  
 24 where are you?  
 25 Q. Right-hand column --

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1 BARBARA KNOX, M.D.  
 2 have introduced bias into the analysis.  
 3 Are you aware of that limitation?  
 4 A. Yes.  
 5 Q. Okay. And in your opinion, can  
 6 failure to blind assessors to a participant's  
 7 exposure status undermine the reliability of  
 8 the study's finding?  
 9 A. It could.  
 10 Q. Okay. And also on Page 194 of the  
 11 article, the authors also state, "A significant  
 12 limitation with the inability to quantify exact  
 13 methamphetamine drug use during pregnancy as  
 14 well as use of other drugs, maternal report and  
 15 recollection had to be relied on and this may  
 16 introduce bias."  
 17 Do you agree that this could  
 18 introduce bias into the study?  
 19 A. Sure.  
 20 Q. The authors also note on Page 194 in  
 21 the left-hand column that there are many  
 22 environmental risk factors present in the  
 23 study.  
 24 In your opinion, can environmental  
 25 risk factors impact development of hand-eye

1 BARBARA KNOX, M.D.  
 2 coordination and personal-social ability?  
 3 A. Sure. That's why they're all  
 4 commenting on them and potential biases.  
 5 Q. Okay. Thank you. Let's move on.  
 6 A. May I ask how many more pages do you  
 7 have in that binder? Because I might have to  
 8 take a bathroom break.  
 9 Q. I may have a couple of more, but if  
 10 you need to take a five-minute break, we can  
 11 certainly take a break.  
 12 A. Just give me two minutes. Can  
 13 everybody stay here because I think --  
 14 THE VIDEOGRAPHER: I have to do a  
 15 tape change anyways.  
 16 MS. ZUREICK: Okay.  
 17 THE WITNESS: Great. I'll be right  
 18 back.  
 19 THE VIDEOGRAPHER: This concludes --  
 20 this concludes of Tape 3 of Dr. -- this  
 21 concludes Tape 3 of Dr. Barbara Knox.  
 22 We're off the video record at 2:02 p.m.  
 23 (Whereupon, a recess was had  
 24 from 2:02 p.m. to 2:11 p.m.)  
 25 THE VIDEOGRAPHER: This is the

1 BARBARA KNOX, M.D.  
 2 And do you know who from the county  
 3 contacted you about this case?  
 4 A. Yes. I was actually contacted by  
 5 one of the attorneys as well as the sheriff's  
 6 office --  
 7 Q. Okay.  
 8 A. -- who runs the jail.  
 9 Q. Okay. Okay. And is this -- does  
 10 paragraph 8 reflect all of the information that  
 11 you were given about this case?  
 12 A. No. There was a lot more that was  
 13 said to me over the phone. But certainly the  
 14 nuts and bolts of it are, you know, if you are  
 15 saying that you're 22 weeks pregnant and you're  
 16 a heroin user who is abruptly withdrawing, you  
 17 need to be seeking medical care emergently to  
 18 prevent going into labor.  
 19 Q. What does it mean to be abruptly  
 20 withdrawing?  
 21 A. Any time you have a heroin user who  
 22 stops using, you definitely want to make sure  
 23 that if they're pregnant, that they're either  
 24 going to go on to some type -- or that they  
 25 need to go on to some type of maintenance and

1 BARBARA KNOX, M.D.  
 2 beginning of Tape 4 of Dr. Barbara Knox.  
 3 We're on the video record at 2:11 p.m.  
 4 BY MS. ZUREICK:  
 5 Q. Dr. Knox, looking again at  
 6 Exhibit 116, your expert report, paragraph 8,  
 7 prenatal opioid exposure.  
 8 A. Okay.  
 9 Q. You write, "Recently, I was  
 10 contacted by a county after law enforcement had  
 11 taken a woman into custody overnight. The  
 12 county officials reported that the female  
 13 indicated she was 22 weeks pregnant and a  
 14 heroin user. The officials were requesting  
 15 information regarding what immediate care  
 16 should be sought for this female," correct?  
 17 A. Yes.  
 18 Q. Do you know what year this was?  
 19 A. Again, out of HIPAA, I probably  
 20 should not disclose that.  
 21 Q. Okay. That's fine.  
 22 Is that the same for the question of  
 23 what county this is in?  
 24 A. Yes. Yes.  
 25 Q. Okay. That's fine.

1 BARBARA KNOX, M.D.  
 2 slowly withdraw from that because it absolutely  
 3 can stimulate early labor and did in this case.  
 4 She already went into labor by the time they  
 5 were trying to seek care for her that day.  
 6 Q. Okay. So it's your opinion that she  
 7 went into labor because of withdrawal from  
 8 heroin, is that correct?  
 9 A. Absolutely could be, yes.  
 10 Q. So it's your opinion that it could  
 11 be or that it certainly was the reason?  
 12 A. Well, in this case, they asked me my  
 13 opinion about saying you're a heroin user --  
 14 and they didn't even know if she was pregnant  
 15 or not. And I said rush her to some medical  
 16 facility.  
 17 And unfortunately when they called  
 18 me back later, they said she already went into  
 19 labor. She actually was pregnant and she  
 20 already went into labor and she progressed to  
 21 the point of delivery.  
 22 Q. Okay. And just so I understand what  
 23 you're saying, it's your opinion that she went  
 24 into labor because of the withdrawal, because  
 25 of withdrawal from heroin use, correct?

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1 BARBARA KNOX, M.D.

2 A. Yes.

3 Q. Okay. And what is the basis for  
4 that opinion?

5 A. Medical literature.

6 Q. Okay.

7 A. That you absolutely can go into  
8 preterm labor when you're withdrawing from  
9 heroin.10 Q. Okay. Are there other factors that  
11 could cause preterm labor?

12 A. Sure.

13 Q. Okay. Did you -- do you know if any  
14 of those other factors were present in this  
15 case?16 A. I didn't ask all the other  
17 specifics. They were asking me what to do with  
18 her, which I explicitly said to them. And then  
19 they called me back to say unfortunately she  
20 was pregnant and did progress into labor very  
21 quickly.22 Q. So is it fair to say that you do not  
23 know if there were any other factors in her  
24 case besides the heroin use or heroin  
25 withdrawal that could have caused her to go

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1 BARBARA KNOX, M.D.

2 into labor at that time?

3 A. Correct.

4 Q. Okay. Thank you.

5 (Exhibit 126 was marked for  
6 identification.)

7 BY MS. ZUREICK:

8 Q. I'm showing you a document marked  
9 Exhibit 126.

10 Do you recognize this document?

11 A. Yes.

12 Q. What is it?

13 A. "Developmental Consequences of Fetal  
14 Exposure to Drugs: What We Know and What We  
15 Still Must Learn."16 Q. And is this the article that you say  
17 in Footnote 5 of your expert report?

18 A. Yes.

19 Q. Thank you.

20 In your expert report on Page 3,  
21 paragraph 8, very last sentence on that page,  
22 you cite this study for the proposition that  
23 premature labor and ruptured membranes is a  
24 documented complication of maternal opioid use,  
25 correct?

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1 BARBARA KNOX, M.D.

2 A. Yes.

3 Q. Thank you.

4 Is it correct that this paper is a  
5 literature review rather than an original  
6 study?

7 A. Yes.

8 Q. Okay. Would you please turn to  
9 Page 67 of Exhibit 126.10 A. I'm sorry. Say that again.  
11 Page 67?

12 Q. Exactly.

13 A. And what else did you say, 126?

14 Q. No, just of Exhibit 126 --

15 A. Okay.

16 Q. -- which you're already in.

17 Okay. So the bottom of the page,  
18 left -- right-hand column, last sentence reads,  
19 "The probability of preeclampsia, premature  
20 labor and rupture of membranes," skip a little  
21 bit on the next page, "increases greatly with  
22 illicit opiate use during pregnancy." And it  
23 cites three different studies.24 Have you reviewed any of these  
25 studies that support -- to see if they support

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1 BARBARA KNOX, M.D.

2 this statement?

3 A. No.

4 Q. Okay. Since you haven't reviewed  
5 those studies themselves, is it fair to say  
6 that you're not aware of the explanatory  
7 strength of those studies?

8 A. Sure.

9 Q. Okay. And do you know how often  
10 premature labor and rupture of membranes occurs  
11 in the context of maternal opioid use?12 A. I don't, but I know that I learned  
13 it in medical school, too.

14 Q. Thank you.

15 So back to your expert report,  
16 Exhibit 116. Now on Page 4, just at the top,  
17 you write that, "Prenatal opioid exposure has  
18 also been associated with low birth weight,  
19 decreased head circumference and Neonatal  
20 Abstinence Syndrome," correct?

21 A. Yes.

22 Q. And you also cite the Ross study,  
23 Exhibit 126, to support that statement,  
24 correct?

25 A. Yes.

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BARBARA KNOX, M.D.

Q. Okay. Do you know if you -- have you reviewed the studies that the Ross article cites for that proposition?

A. Some I did; some I didn't.

Q. Okay. For the studies that you did not review, is it fair to say that you're not aware of the explanatory strength or limitations of those studies?

A. Sure, because I didn't review them.

Q. Okay. And back in Exhibit 126, please. I'm directing your attention to Page 62 --

A. Okay.

Q. -- right-hand column --

A. All right.

Q. -- four lines down from the top.

A. Wait a second.

Q. Sure.

A. Okay.

Q. It reads, "...it has -- it has recently become clear that paternal exposures, to drugs such as cocaine, during spermatogenesis" --

A. Spermatogenesis.

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BARBARA KNOX, M.D.

Q. -- thank you, "can also influence offspring brain development and neurobehavioral development through epigenetic mechanisms, at least in animal models," is that correct?

A. Yes, that's what that states in the animal models.

Q. Thank you.

Were you aware of this finding?

A. Yes.

Q. And do you believe that paternal drug use could constitute abuse of a fetus?

A. I think it's too early to tell because they're seeing this in animal models. So we haven't -- we don't have a connection to be able to say that this is also seen in human models yet.

Q. Okay.

A. So I think it's too early to say.

Q. Do you know if there have been any advances in those studies since the Ross article was published?

A. No.

Q. Okay. Thank you.

A. More articles, huh?

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BARBARA KNOX, M.D.

Q. Uh-huh.

A. Literature review day.

(Discussion off the record.)

(Exhibit 127 was marked for identification.)

BY MS. ZUREICK:

Q. I'm showing you a document marked Exhibit 127.

Do you recognize this document?

A. Yes.

Q. What is it?

A. It is entitled "Marijuana impairs growth in mid-gestation fetuses."

Q. Is this the study you cite in Footnote 6 of your report?

A. Yes.

Q. Thank you.

Okay. And you cite this study for the proposition, reading from your expert report, that studies have documented that prenatal marijuana exposure has resulted in stunted growth outcomes, correct?

A. Yes.

Q. When you say "resulted in," do you

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BARBARA KNOX, M.D.

mean that the prenatal marijuana exposure caused the documented stunted out -- stunted growth outcomes?

A. So let me look at how they word this before I answer that question.

Q. Okay.

(Witness viewed said document.)

THE WITNESS: Okay. Please repeat the question.

BY MS. ZUREICK:

Q. So you cite Exhibit 127 for the proposition that studies have documented that prenatal marijuana exposure has resulted in stunted growth outcomes.

A. Yes.

Q. When you say "resulted in," do you mean that the prenatal marijuana exposure caused the stunted growth outcomes?

A. That's the premise of the article.

Q. Okay.

A. I put "resulted in" because, again, there are with every study factors that cannot be 100 percent excluded.

Q. Can I -- I want to direct you in

1 BARBARA KNOX, M.D.  
2 Exhibit 127 to Page 228.  
3 Directing you to the right-hand  
4 column, first sentence of the first full  
5 paragraph, it reads, "Overall, the current  
6 investigation provides data suggestive of  
7 detrimental effects of early maternal marijuana  
8 intake on the mid-gestation fetus."  
9 Does the fact that data is  
10 suggestive of an exposure effect mean that the  
11 exposure caused that effect?  
12 A. No.  
13 Q. Okay. So is it still your opinion  
14 that when you say studies have documented a  
15 result, that that is a documented causation or  
16 is that a documented correlation or  
17 association?  
18 A. Association.  
19 Q. Okay. Thank you.  
20 Are you also aware that the authors  
21 of Exhibit 127 identified limitations --  
22 A. Yes.  
23 Q. -- to the study?  
24 A. Yes, I am.  
25 Q. Okay. So, again, on Page 228 of

1 BARBARA KNOX, M.D.  
2 limitation of the study?  
3 A. Yes.  
4 Q. Okay. And the authors also state,  
5 "The consequences of the long-term impact of  
6 prenatal marijuana effects on fetal development  
7 and health and behavior are still being  
8 evaluated."  
9 Do you agree with that statement?  
10 A. Yes. Last page.  
11 Q. Just looking quickly at your expert  
12 report, paragraph 9, prenatal marijuana  
13 exposure, you write, "Studies have documented  
14 that prenatal marijuana exposure has resulted  
15 in stunted growth outcomes."  
16 You note that studies, plural, have  
17 documented this. But is it correct that in  
18 Footnote 6, you only cite the Hurd article  
19 Exhibit 127?  
20 A. Yes.  
21 Q. Okay. Did you review any other  
22 studies to support this statement?  
23 A. I reviewed multiple studies. I  
24 cited this study.  
25 Q. Okay.

1 BARBARA KNOX, M.D.  
2 Exhibit 127 -- apologies. Let's see. Okay.  
3 In the first full paragraph it  
4 reads, "Other considerations should be noted  
5 about the current study. It included only  
6 women who were in the process of a voluntary  
7 saline-induced abortion, were within the  
8 mid-gestation stage of pregnancy, provided a  
9 detailed report of drug use and medical  
10 history, and had a fetal expulsion time less  
11 than or equal 24 hours (required for subsequent  
12 neurochemical/molecular analyses being carried  
13 out on the fetal brain specimens). As such,  
14 the sample size in the study was small and  
15 limited the statistical power."  
16 Do you agree that a small sample  
17 size can limit the statistical power of the  
18 study's finding?  
19 A. Yes.  
20 Q. Okay. The authors of the study also  
21 note, "Another limitation of the present  
22 investigation is the lack of direct information  
23 regarding maternal nutrition and body weight  
24 measurement, which can impact fetal growth."  
25 Do you agree that this is a

1 BARBARA KNOX, M.D.  
2 A. That's what I'll say.  
3 Q. And do you know of any studies that  
4 replicated the findings from the Hurd study?  
5 A. I don't remember.  
6 Q. Okay. Thank you.  
7 (Exhibit 128 was marked for  
8 identification.)  
9 BY MS. ZUREICK:  
10 Q. I'm showing you a document marked  
11 Exhibit 128.  
12 Do you recognize this document.  
13 A. Yes.  
14 Q. And what is it?  
15 A. The "Effect of Prenatal Marijuana  
16 Exposure on the Cognitive Development of  
17 Offspring at Age Three."  
18 Q. Is this the study that you cite in  
19 Footnote 7 of your report?  
20 A. Yes.  
21 Q. Okay. Let's see. Okay.  
22 You cite this article for the  
23 proposition that additional studies have  
24 reported decreased short-term memory, verbal  
25 and visual skills at age 3, correct?

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1 BARBARA KNOX, M.D.

2 A. Yes.

3 Q. What year was this study published?

4 A. 1993.

5 Q. Okay. Is it nineteen-ninety -- it  
6 was accepted in 1993, correct?

7 A. Yes.

8 Q. And then --

9 A. So that means it was submitted in  
10 1992 and it was accepted in 1993, but it didn't  
11 actually show up in print until 1994.

12 Q. Okay. Thank you.

13 Do you know if there have been  
14 advances in the research on prenatal marijuana  
15 exposure since this study was accepted and  
16 published?

17 A. I'm sure there have been.

18 Q. Okay. Do you know what those  
19 advances are?20 A. I looked at a lot of articles. So  
21 many people have looked at this issue. This is  
22 the one I chose to comment on.23 Q. Okay. And are you aware that the  
24 authors of this study cite a number of  
25 limitations on the studies?

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1 BARBARA KNOX, M.D.

2 A. Yes, I sure am.

3 Q. Okay. I want to direct you in  
4 Exhibit 128 to Page 174.5 Right-hand paragraph,  
6 second-to-the-last paragraph, first sentence  
7 reads, "The effects that are reported are small  
8 and would not be clinically significant for an  
9 individual."10 What does it mean for results not to  
11 be clinically significant for an individual?12 A. They're saying that -- that the  
13 effects that they're showing from their sample  
14 size are small, but they're saying that the  
15 effects that they're reporting are the  
16 differences between the populations, not the  
17 individual cases.18 Q. Okay. And in your opinion, can  
19 population-based studies tell us what effects  
20 prenatal exposure to drugs or alcohol will have  
21 on any particular individual?

22 A. No.

23 Q. Okay. And also directing you still  
24 on Page 174 of Exhibit 128, last paragraph,  
25 last sentence reads, "Our data demonstrate that

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1 BARBARA KNOX, M.D.

2 at least for some children, enhancing their  
3 environment with preschool and day care can  
4 mitigate the negative effects of prenatal  
5 exposure to marijuana."6 Do you agree that certain  
7 environmental factors can mitigate negative  
8 effects of prenatal exposure to marijuana?

9 A. Absolutely. Absolutely I do.

10 Q. Thank you.

11 Also, in your expert report,  
12 Exhibit 116, you say, "Additional studies have  
13 reported decreased short-term memory, verbal  
14 and visual skills at age 3," and you cite only  
15 to this article, correct?

16 A. Correct.

17 Q. Are you aware of other studies?

18 A. You want me to take the "S" off of  
19 it. So I cite -- though I said additional  
20 studies for both, I cited one study for both,  
21 so --

22 Q. And how did you choose --

23 A. -- I will concede that.

24 Q. How did you choose this particular  
25 study?

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1 BARBARA KNOX, M.D.

2 A. You know, it's one that I had in my  
3 file folder on marijuana. So this is one that  
4 I pulled out because it's one that I had looked  
5 at when I was in fellowship.

6 Q. Okay. Thank you.

7 And would you agree with the  
8 statement that there is no conclusive science  
9 to support a claim that marijuana use is likely  
10 to cause substantial or even minor harm to a  
11 developing fetus?

12 A. Repeat the question.

13 (The reporter read the record as  
14 requested.)15 MS. KECKHAVER: Objection, vague,  
16 compound.17 THE WITNESS: Repeat it one more  
18 time to me.19 (The reporter read the record as  
20 requested.)21 THE WITNESS: I don't think I would  
22 agree with that statement as worded.

23 BY MS. ZUREICK:

24 Q. Why not?

25 A. Because there are things that do

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1 BARBARA KNOX, M.D.  
2 suggest that there may be minor harm. Again,  
3 we cannot exclude all of the variables to it,  
4 but I would not agree with the statement as you  
5 have worded it to me.  
6 Q. Okay. So you -- it's your opinion  
7 that there are studies that -- that suggest  
8 harm from methamphetamine exposure, correct?  
9 A. Yes, from methamphetamine exposure,  
10 yes.  
11 Q. Oh, I'm sorry. I meant marijuana  
12 exposure. Thank you.  
13 Are there studies that suggest that  
14 there is -- that there could be -- there's an  
15 association --  
16 A. Yes.  
17 Q. -- between marijuana use and certain  
18 developmental outcomes?  
19 A. Yes.  
20 Q. Are any of these studies conclusive  
21 on that point?  
22 A. They are not conclusive. However,  
23 there are additional studies that really  
24 reflect the degree of teratogenicity, et cetera  
25 for marijuana, the -- the degree to which it

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1 BARBARA KNOX, M.D.  
2 can be a teratogen, et cetera.  
3 So -- so, though, the studies that I  
4 have chosen to cite show associations, there's  
5 other literature that I didn't cite that I  
6 think could cause significant harm.  
7 Q. That could -- so there are -- I'm  
8 sorry. Could you clarify? There are studies  
9 you didn't cite that show what exactly?  
10 A. There's -- there are pieces in the  
11 literature that I didn't cite that talk about  
12 the teratogenicity of marijuana, et cetera.  
13 So -- so I'm unwilling to say that there's  
14 nothing that would state that it does not cause  
15 harm.  
16 Q. Okay. And are there studies that  
17 have failed to show an association between  
18 prenatal marijuana exposure and certain  
19 developmental outcomes?  
20 A. Probably.  
21 Q. Okay.  
22 MS. ZUREICK: Thank you. No further  
23 questions. That's all I have.  
24 MS. KECKHAVER: Doug, do you want to  
25 ask some questions?

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1 BARBARA KNOX, M.D.  
2 MR. KNOTT: No questions.  
3 MS. KECKHAVER: Why don't you give  
4 us a minute and we'll just talk and then...  
5 THE VIDEOGRAPHER: Off the record at  
6 2:34 p.m.  
7 (Whereupon, a recess was had  
8 from 2:34 p.m. to 2:35 p.m.)  
9 THE VIDEOGRAPHER: We're back on the  
10 record.  
11 EXAMINATION  
12 BY MS. KECKHAVER:  
13 Q. Dr. Knox, I just have a couple of  
14 questions to follow up with you on.  
15 You testified that you're not an  
16 addiction expert, is that correct?  
17 A. Correct.  
18 Q. In your medical opinion, though, is  
19 it possible for a medical doctor to diagnose  
20 addiction when that doctor is not an addiction  
21 expert?  
22 A. Yes.  
23 Q. And have you ever diagnosed an  
24 addiction in a patient?  
25 A. Yes. It's been part of a secondary

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1 BARBARA KNOX, M.D.  
2 diagnosis because my primary diagnoses are in  
3 the field of child maltreatment, but yes.  
4 Q. What does that mean that it's part  
5 of a secondary diagnosis?  
6 A. So it's something -- it's something  
7 that my primary diagnosis would be in the field  
8 of child maltreatment, so consistent with or  
9 diagnostic of child maltreatment. And the  
10 addiction diagnosis would be concurrent within  
11 that case, and then it is referred out to an  
12 addiction specialist for -- within an  
13 institution for diagnosis -- or for further  
14 diagnosis and treatment.  
15 Q. Is it necessary for a pregnant woman  
16 to have a diagnosed addiction in order to  
17 create a risk of substantial harm to her unborn  
18 child?  
19 A. No.  
20 Q. Okay. Are there circumstances when  
21 you as a child abuse specialist or a child  
22 abuse pediatrician are asked to apply legal  
23 terms or standards to a medical situation?  
24 A. Yes.  
25 Q. And in what kind of situations?

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1 BARBARA KNOX, M.D.

2 A. In CHIPS cases frequently you are  
3 asked if the case rises to the legal standard  
4 of the case. So very frequently in the realm  
5 of child abuse pediatrics, the physician for  
6 the -- the clinical diagnosis is then being  
7 presented with a list of facts to determine if  
8 this rises to the legal definition as well.  
9 So, yes, frequently.

10 Q. Then do all medical studies have  
11 limitations in their results?

12 A. Yes, I would say that most every  
13 study that I've ever reviewed comments on the  
14 study limitations.

15 Q. And does that include the studies  
16 that you reviewed that were attached to the  
17 rebuttal expert reports of the plaintiff's  
18 experts?

19 A. Yes, for the ones that were  
20 reviewed, yes.

21 MS. KECKHAVER: Okay. That's all I  
22 have.

23 MS. ZUREICK: Nothing more.

24 THE VIDEOGRAPHER: This concludes  
25 the videotaped deposition of Dr. Barbara

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1 BARBARA KNOX, M.D.

2 Knox and Tape No. 4. We're off the record  
3 at 2:47 p.m.

4 (Whereupon, at 2:47 p.m. the  
5 deposition was concluded.)  
6  
7

8 BARBARA KNOX, M.D.

9 Subscribed and sworn to before me  
10 this day of 2016.  
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1 BARBARA KNOX, M.D.  
2 C E R T I F I C A T E  
3 S T A T E O F I L L I N O I S )  
4 ) s s .:  
5 C O U N T Y O F C O O K )

6 I, JANET L. ROBBINS, a Notary Public  
7 within and for the State of Illinois, do  
8 hereby certify:

9 That BARBARA KNOX, M.D., the witness  
10 whose deposition is hereinbefore set forth,  
11 was duly sworn by me and that such  
12 deposition is a true record of the  
13 testimony given by such witness.

14 I further certify that I am not  
15 related to any of the parties to this  
16 action by blood or marriage; and that I am  
17 in no way interested in the outcome of this  
18 matter.

19 IN WITNESS WHEREOF, I have hereunto  
20 set my hand this 26th day of October, 2016.  
21  
22  
23  
24  
25

\_\_\_\_\_  
JANET L. ROBBINS, CSR, RPR

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1 BARBARA KNOX, M.D.

2 ERRATA SHEET FOR THE TRANSCRIPT OF:

3 Case Name: Loertscher vs. Schimel

4 Dep. Date: October 14, 2016

5 Deponent: BARBARA KNOX, M.D.

## 6 CORRECTIONS:

7 Pg. Ln. Now Reads Should Read Reason

8	— —	_____	_____	_____
9	— —	_____	_____	_____
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17	— —	_____	_____	_____
18	— —	_____	_____	_____

19 \_\_\_\_\_  
20 Signature of Deponent

21 SUBSCRIBED AND SWORN BEFORE ME

22 THIS DAY OF \_\_\_\_\_, 20\_\_\_\_

23 \_\_\_\_\_  
24  
25 (Notary Public) MY COMMISSION EXPIRES:\_\_\_\_\_

A				
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